

AUTHORIZATION FOR VEHICLE PICK UP

To: _____ Date _____

_____ Stock # _____

Year Make Model License #

Serial Number: _____

Location: _____

Address: _____

City/State/Zip: _____

Phone: _____ Contact: _____

PLEASE PICK UP THE ABOVE VEHICLE FOR DISPOSAL

Authorized by: _____ Date: _____

Saxon Fleet Services



Over 50 Years in Business
An Equal Opportunity Employer

