



ALL DRIVERS MUST BE 21

TRAVELER'S APPLICATION

Complete Both Sides

(Please Print)

Shipper _____

B/L # _____ Unit _____

Pickup Date _____

Leave _____

Arrival _____

Driver Reimb. _____
ADC DS

Route _____

Departure Date _____

Your Destination City _____

Today's Date _____

Name _____

Operator's License No. _____ State _____ Exp. Date _____

Address on License _____

Your permanent address _____
Street City State Phone (Area Code)

Your local address _____
Street City State Phone (Area Code)

No vehicle will be assigned to any Traveler without complete information in this block.

Your Contact & Telephone Number At Your Destination City After Delivery Of The Unit

Name _____ Phone _____
of person other than yourself at this destination. (Area Code)

Street _____ City & State _____

Your Age _____ Date of Birth _____ Place of Birth _____

Married-Single _____ Spouse's Name _____ No. of Children _____

Social Security No. _____

Color Eyes _____ Weight _____ Height _____ Color Hair _____

Do you own an auto _____ Make _____ Model _____ License No. _____

If financed, by whom? _____

Name of your insurance company _____ Do you drive a stick shift? _____

Other identification _____

Have you ever driven for another office of Auto Driveaway or Driveaway Service? _____

Other _____ Which Office _____ When _____

Present Employer _____ How long? _____ Phone _____
Address _____ Supervisor _____ (Area Code)

Previous Employer _____ How long? _____ Phone _____
Address _____ Supervisor _____ (Area Code)

PERSONAL REFERENCES: (preferably people who can be reached by phone during the day - not relatives)

Name _____ Phone _____
Address _____ City _____ State _____ (Area Code)

Name _____ Phone _____
Address _____ City _____ State _____ (Area Code)

Next of kin (in case of emergency) _____ Relationship _____ Phone _____
Address _____ City _____ State _____ (Area Code)

His or Her Occupation _____

What is the reason for this trip? _____

Where did you learn of our service? _____

(CONTINUED ON OTHER SIDE)

IF ANOTHER TRAVELER IS GOING WITH YOU — FILL IN THESE LINES: All drivers must be 21.

Name _____ License No. _____ State _____ Exp. Date _____

Local Address _____ Street _____ City _____ State _____ Phone _____
(Area Code)

Permanent Address _____ Street _____ City _____ State _____ Phone _____
(Area Code)

Age _____ Date of Birth _____

Name _____ License No. _____ State _____ Exp. Date _____

Local Address _____ Street _____ City _____ State _____ Phone _____
(Area Code)

Permanent Address _____ Street _____ City _____ State _____ Phone _____
(Area Code)

Age _____ Date of Birth _____

ACCOMPANIED BY: (Names of people who are going along with you, but who are NOT driving)

Name _____ Phone _____
(Area Code)

Permanent Address _____ Street _____ City _____ State _____

Age _____

Name _____ Phone _____
(Area Code)

Permanent Address _____ Street _____ City _____ State _____

Age _____

I do hereby affirm that the statements I have made are true and correct to the best of my knowledge. I expressly understand that I am in no way deemed an employee or agent of Auto Driveaway. I expressly accept liability for any person or persons traveling in the assigned vehicle and I hereby waive any and all claims of any kind, nature or description which may arise against Driveaway or the vehicle owner as a result of signing this application or traveling in the assigned vehicle.

NOTE: If the vehicle is not delivered on the date specified on your bill of lading and if this office is not properly notified of the reason for such delay, this information will immediately be turned over to the F.B.I. for criminal prosecution under the Dyer Act.

PICTURE



Signed _____
(Sign your legal name)

This portion of the application will be completed at the time you appear in the office to make final arrangements.

- | | | | | |
|----------------|----------------|-----------------|---------------|-----------------|
| 1. Right Thumb | 2. Right Index | 3. Right Middle | 4. Right Ring | 5. Right Little |
|----------------|----------------|-----------------|---------------|-----------------|

- | | | | | |
|----------------|--------------|----------------|---------------|---------------|
| 1. Left Little | 2. Left Ring | 3. Left Middle | 4. Left Index | 5. Left Thumb |
|----------------|--------------|----------------|---------------|---------------|

Traveler's Deposit: Cash _____ M.O. _____ Check _____ Date _____