

STONEWELL CORP.
9780 LAPP ROAD
CLARENCE CENTER NY 14032
716-741-2159 (OFFICE)
1-866-989-9815 (FAX)

Please type or Print Neatly

Fax this sheet fully completed, with a clean copy of ownership to: 1-866-989-9815

PLEASE NOTE ALL VEHICLES MUST HAVE A MFG LABEL TO BE EXPORTED

Sellers Complete Name: _____ Contact: _____
Street: _____

City: _____ State/Providence: _____ Zip Code: _____
Phone: _____ Fax: _____ E-Mail: _____

Buyers Complete Name: _____ Contact: _____
Street: _____
City: _____ State/Providence: _____ Zip Code: _____
Phone: _____ Fax: _____ EIN or SSN: _____

Vehicle 1 Information

PAPS Label# _____	P.O. # _____			
Year: _____	Selling Price: _____	Month/Year Mfg: _____	Gas _____	Diesel _____
Make: _____	GVWR Total _____	KG _____	LB _____	
Model: _____	GAWR Front _____	KG _____	LB _____	
VIN: _____	GAWR Rear _____	KG _____	LB _____	
Tire Size Front: _____	Tire Size Rear: _____			
Rim Size Front: _____	Rim Size Rear: _____			
PSI Front: _____	PSI Rear: _____	Odometer Reading: _____	km/mi	

Desired Port of Crossing: _____ Transport Company: _____
Desired Import Date: _____ Desired Time of Import: _____ am pm

The information supplied to Stonewell Corp. on this worksheet will be submitted to the U. S. Department of Treasure (i.e. U. S. Customs, DOT, and EPA.) All of this information must be true and accurate. Failure to provide accurate information could lead to a seizure, fine and/or forfeiture of the merchandise being imported.

All information presented is true and correct to the best of my knowledge at the time of presentation.

Signed: _____ Date: _____