# STONEWELL VEHICLE IMPORTER

## Information Sheet

(716) 741-2159

www.stonewellvehicleimporter.com

### PLEASE TYPE OR PRINT CLEARLY AND EMAIL TO lisa@stonewellvehicleimporter.com

#### \*\*\*PLEASE NOTE THAT ALL VEHICLES MUST HAVE A MANUFACTURER'S LABEL\*\*\*

	Seller's information			
Seller's Complete Name:				
Contact's Full Name and Title:_				
Street:	City:			
Providence:	Postal Code:	Postal Code:		
Phone:	Contact's Email:	_Contact's Email:		
	Buyer's Information			
Buyer's Complete Name:				
Contact's Full Name and Title:_				
Street:	City:	City:		
State:	Zip Code:	Zip Code:		
Phone:	Contact's Email:	_Contact's Email:		
EIN or SSN:				
	Vehicle Information			
VIN#:	Year:	Year:Selling Price:		
Manufacturer:	Make:			
Model:	Month/Year Mfg	Gas or	Diesel	
Odometer Reading:	GVWR Total:	KG	LB	
Purchase Order#	PAPS Label# (provided b	y transporter):		
Port of Crossing:	Transport Company	/		
Anticipated Import Date:	Anticipated Time of	Anticipated Time of Crossing:		
Customs, DOT, and EPA). This informa and/or forfeiture of the merchandise be presentation.	Vehicle Importer on this worksheet will be submitted tion must be true and accurate. Failure to provide aceing imported. All information presented is true and c	curate information could lead to a correct to the best of my knowledge	seizure, fine,	
Signed:	Date:	Date:		