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ENQUIRY FORM

Please Print all Information

Contact Name:	
Trading as:	
Address:	
A.B.N	
Office/ Home Phone:	
Fax:	
Mobile Phone:	
 I am interested in registering Please contact me to discuss work 	my vehicle(s) with the LODEHAUL fleet. k opportunities for the following:
• Prime Mover (s): Numbers and t	type
Trailer Numbers and Type:	SingleTruck & Dog
Quad Dog or B-Double	-
Trailer Configuration: Tipper	FlattopTautliner
or Fridge	
My vehicle(s) is/are based at work:	and are available to
locallyregionally in NSWinterstate	
Please mail or fax to: Lodehaul.	PO Box 362. Unanderra NSW 2526.

Fax (02) 4275 2569