



Auto Vehicle Parts LLC

Inbound Vendor Form

Shipper: _____

Destination: Auto Vehicle Parts LLC

Address: _____

Address: 100 Homan Drive

City: _____

City: Cold Spring

State: _____ Zip: _____

State: Kentucky Zip: 41076

Freight Information

Item Description: _____

Qty: _____ Class: _____ NMFC: _____

Weight: _____ Pallet Dimensions: _____

Pickup Date: _____ Delivery Date: _____

Special Services: _____

Send Request To: **LOTH Logistics**
Lana Walters
brokerage@lothlogistics.com
(513) 554-8828