



# Your Company Name

123 Company Lane - New York, NY 12345  
Tel. (123) 456-7890 - Fax. (123) 456-7890

# Bill of Lading

USDOT 00000012 MC 0000456

## ORIGIN DESTINATION

CUSTOMER NAME			CUSTOMER NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ MILEAGE: \_\_\_\_\_ COLOR: \_\_\_\_\_

VIN #: \_\_\_\_\_ KEYS: \_\_\_\_\_ RUNS:  YES  NO TITLE:  YES  NO

Total Charge \_\_\_\_\_ Deposit \_\_\_\_\_ Owner \_\_\_\_\_ PAYMENT DUE ON DELIVERY \$ \_\_\_\_\_



CHARIT OF IDENTIFICATION CODES	
B	- Bent
BB	- Buffer Burned
BR	- Broken
C	- Cut
CR	- Cracked
D	- Dented
F	- Faded
FF	- Foreign Fluid
G	- Gouged
L	- Loose
M	- Missing
P	- Pitted
PC	- Paint Chip
R	- Rubbed
RU	- Rust
S	- Scratched
SI	- Soiled
SS	- Surface Scratch
ST	- Stained
T	- Torn

During Transport Vehicles and Vehicle Equipment may cease to operate properly through no fault of the transporter. The transporter will be responsible for damage directly caused by the driver. The transporter WILL NOT be responsible for damage NOT caused by the driver.

### ORIGIN

I agree with the driver's assessment of the condition of this Vehicle.

This space is- for destination exceptions by customer

CUSTOMER'S SIGNATURE \_\_\_\_\_

I have read and understand the terms and conditions on the reverse side of this form. I agree to be bound by those terms and conditions.

CUSTOMER'S SIGNATURE (PRINT) \_\_\_\_\_

This vehicle is free of contents

CUSTOMER'S SIGNATURE (PRINT) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This vehicle is received in good condition, except as noted above, thereby releasing the transporter from any further claims.

CUSTOMER'S SIGNATURE (PRINT) \_\_\_\_\_

DRIVER'S SIGNATURE \_\_\_\_\_