



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

Inspection Form

Work Orders No's

Driver: _____

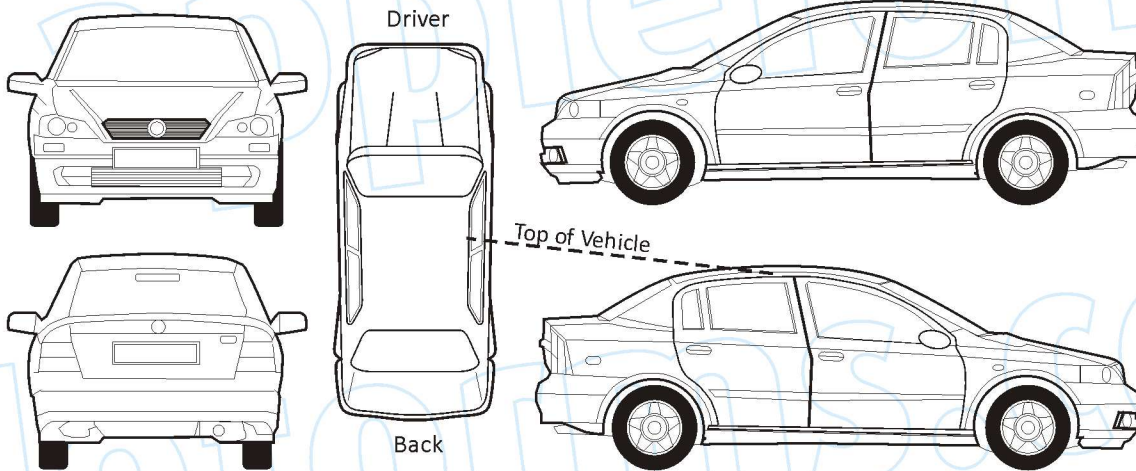
PICK UP	
Name	_____
Address	_____
City/St./Zip	_____
Phone #	_____
Contact	_____

DESTINATION	
Name	_____
Address	_____
City/St./Zip	_____
Phone #	_____
Contact	_____

VEHICLES						
	Stock #	Year	Make	Model	Vin	Price
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

CONDITION ILLUSTRATED BY LETTER CODE

TOTAL \$



- 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
- SL - SOLED
- ST - STAINED
- T - TORN

REMARKS _____

NOTE: No claims will be honored unless noted on this bill of lading at time of delivery

Printed Name _____

Shipper's agent at pick up _____

Date _____

Shipper's agent at delivery _____

Date _____