BILL OF LADING

Date	Truck No.	Driver

Customer hereby requests the Broker to make arrangements for the transport of the following described vehicle from Origin to Destination with carrier selected by Broker and subject to the terms and condition contained herein, including those on the back of this form, or if faxed, those terms & conditions faxed herewith.

ORIGIN	DESTINATION
Customer Name _____	Customer Name _____
Address _____	Address _____
Phone # _____	Phone # _____
Dealer Name _____	Dealer Name _____
Address _____	Address _____
Phone # _____	Phone # _____

Car	SUV	Van	Truck	Bill	C.O.D. (Cash, cashiers check, or money order only)

Year	Make	Model	Color	Mileage

Plate #	VIN #

Interior Condition

Additional Info

Driver

Top of Vehicle

Back
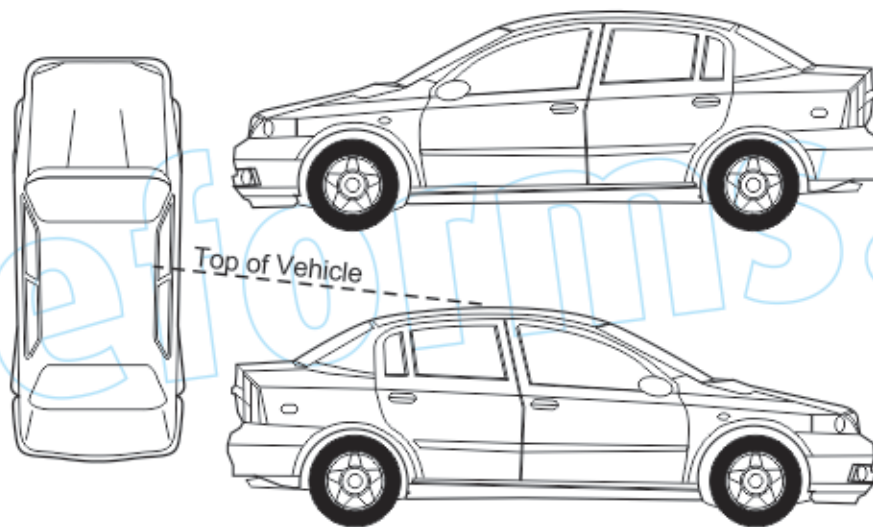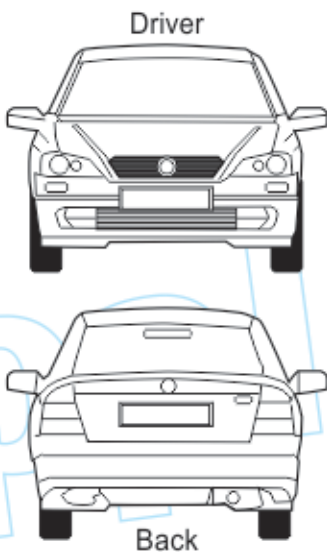
B - BENT
BB - BUFFER BURNED
BR - BROKEN
C - CUT
CR - CRACKED
D - DENTED
F - FADED
FF - FOREIGN FLUID
G - GOUGED
L - LOOSE
M - MISSING
P - PITTED
PC - PAINT CHIP
R - RUBBED
RU - RUST
S - SCRATCHED
SL - SOLED
ST - STAINED
T - TORN

Driver cannot make proper inspection:

| Night Time Pick-up _____ Initial | Rain _____ Initial | No Driving Test _____ Initial |
| Snow _____ Initial | Dirty _____ Initial | Not DOT _____ Initial |

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.**

I agree with the Driver's assessment of the condition of this vehicle. I have read and understand the terms and conditions. I agree to be bound by all of these terms and conditions. This vehicle is free of contents.

The Customer/consignee hereby acknowledges and represents that he or she has received this vehicle in the same condition as it had previously been delivered to the Transporter except as noted above, and hereby releases the Broker and Transporter from any claims for damage to the vehicle.

| Owner/Shipper Signature upon pick up _____ | Date / Time _____ | Owner/Shipper Signature upon delivery _____ | Date / Time _____ |
| Driver's Signature _____ | Date / Time _____ | Driver's Signature _____ | Date / Time _____ |