



Your Company Name

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

ORDER

Truck # _____

Load # _____

Order ID# _____

SHIP FROM:

Name _____

Address _____

City/State/Zip _____

Tel. _____

Cell/email _____

SHIP TO:

Name _____

Address _____

City/State/Zip _____

Tel. _____

Cell/email _____

Interior SO ST Antenna: Broken _____ Bent _____ Windshield Articles F/R Lens

Seats ST T Rocker Panels/Running Boards Rims/Tires Roof Top Mirrors **VVV**

EXCEPTIONS: B-BENT BR-BROKEN CR-CRACKS C-PAINT CHIPS D-DINGS, DENTS FF-FOREIGN FLUID

FS-FOREIGN SUBSTANCE G-GOUGES L-LOOSE MA-MISALIGNED M-MISSING P-PITTED

R-RUBS S-SCUFFS, SCRATCHES SO-SOILED ST-STAINED T-TORN TU-TOUCH UP PAINT X-5, G, D

Interior/Seats not covered. Carrier not responsible _____

Vehicle very dirty. Not responsible for unseen _____

Front windshield has big chip(s) that could turn into cracks. Carrier not responsible. _____

Low air pressure indicator on. Tire could go flat in route. Carrier not responsible. _____

Books: Y N	ORIGIN INSPECTION			
Mats: Y N				
Nav. Disc.: Y N				
IPOD Adptr: Y N				
Headsets: Y N				
Spare Tire: Y N				
Jack: Y N				

WEATHER CONDITIONS CLEAR RAIN DARK OTHER _____

YEAR	MAKE	MODEL	YEAR	MAKE	MODEL	YEAR	MAKE	MODEL
VIN LAST 8 SERIAL		ODOMETER	VIN LAST 8 SERIAL		ODOMETER	VIN LAST 8 SERIAL		ODOMETER
KEYS:	REMOTE QTY.	KEYS:	REMOTE QTY.	KEYS:	REMOTE QTY.	KEYS:	REMOTE QTY.	KEYS:

ORIGIN COMMENTS:

DESTINATION COMMENTS:

Origin Shipper's Signature (or Shipper's Agent)						
Origin	Shipper's Printed Name	Date				
Origin	Driver's Signature	Date				

Vehicle(s) received in good condition, thereby releasing the carrier from any further claims.

Destination	Shipper's Printed Name	Date			
Destination	Shipper's Signature	Date			

CHECK # _____

CASH _____ BILLING _____

ACH _____ COP _____

PAID → \$