

Bill of Lading

Work Order Nos.

Driver: _____



PICK UP

DELIVERY

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ ST: _____

City: _____ ST: _____

Phone: _____

Phone: _____

Contact: _____

Contact: _____

VEHICLES

	STOCK #	YEAR	MAKE	MODEL	VIN	MILEAGE	PRICE
1							
2							
3							
4							
5							
6							

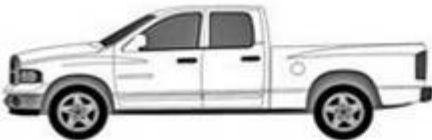
CONDITION ILLUSTRATED BY LETTER CODE

- | | | | | | | |
|-------------|---------------|-------------|-------------|------------------|---------------|-------------|
| A - Broken | D - Dented | G - Gouged | K - Cracked | N - Painted over | R - Punctured | W - Wavy |
| B - Bent | E - Defective | H - Stained | L - Loose | P - Paint defect | S - Scratched | X - Present |
| C - Chipped | F - Scuffed | J - Cut | M - Missing | O - Hail damage | T - Torn | Z - Other |

\$ _____

TOTAL

Terms: Net C.O.D.



REMARKS

Receiving agent must have driver sign here acknowledging damages

*** NOTE - No claims will be honored unless noted on this Bill of Lading at time of delivery**

PRINTED NAME AND SIGNATURE

Printed Name

MUST ACCOMPANY DELIVERY

Shipper's agent at pick up

Pick up date

Shipper's agent at delivery

Delivery date