



Your Firm Info

1 Address St., State, City, Zip
 Phone (222) 333-4444
 Email: email-address.com

Inspection Form

Work Orders No's

Driver: _____

PICK UP

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

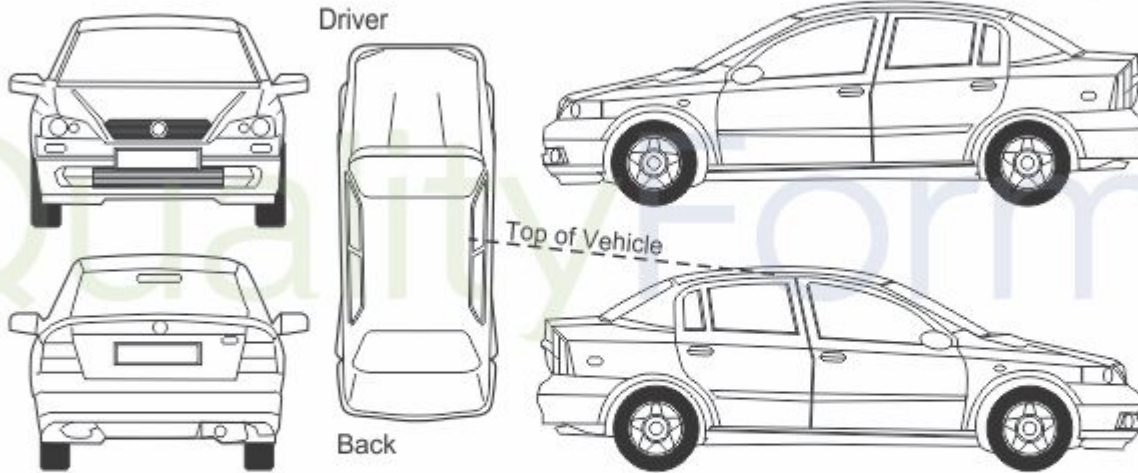
DESTINATION

Name _____
 Address _____
 Zip./St/City _____
 # 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