



Your Firm Info

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

B/L# _____

Cash _____

Check _____

Credit Card _____

ORIGIN

Customer Name _____

Address _____

City/State/Zip _____

DESTINATION

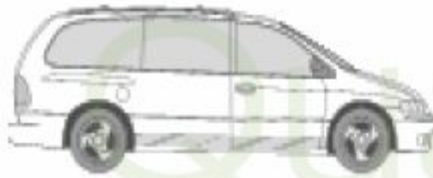
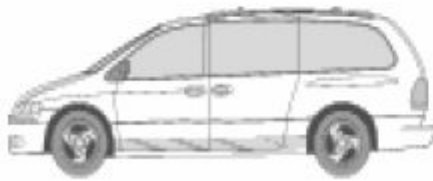
Customer Name _____

Address _____

City/State/Zip _____

Make Model Color Year VIN#

Identification Codes: **B**-bent, **H**-hair line scratch, **PT**-pitted, **T**-torn, **GC**-glass cracked, **M**-missing, **R**-rusty, **SM**-smashed, **CR**-cracked, **BR**-broken, **D**-dented, **ST**-stained, **S**-scratched, **PC**-paint chip, **F**-fluid leaking, **FT**-flat tire, **GC**-glass chip



Notes:

Pickup Signature

Driver's Signature _____ Date _____

Delivery Signature

Driver's Signature _____ Date _____