



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

Bill of Lading

Work Order Nos.

PICK UP

DELIVERY

Name: _____
 Address: _____
 City: _____ ST: _____
 Phone: _____
 Contact: _____

Name: _____
 Address: _____
 City: _____ ST: _____
 Phone: _____
 Contact: _____

VEHICLES

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

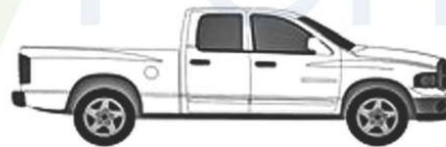
CONDITION ILLUSTRATED BY LETTER CODE

- 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 MUST ACCOMPANY DELIVERY

Printed Name

Shipper's agent at pick up

Pick up date

Shipper's agent at delivery

Delivery date