

2800 West Higgins Road  
 Suite 510  
 Hoffman Estates IL 60169

### BILL OF LADING

Date: \_\_\_\_\_  
 Driver: \_\_\_\_\_  
 Order No. \_\_\_\_\_

#### ORIGIN

Customer Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City/ST/Zip \_\_\_\_\_  
 Phone No \_\_\_\_\_

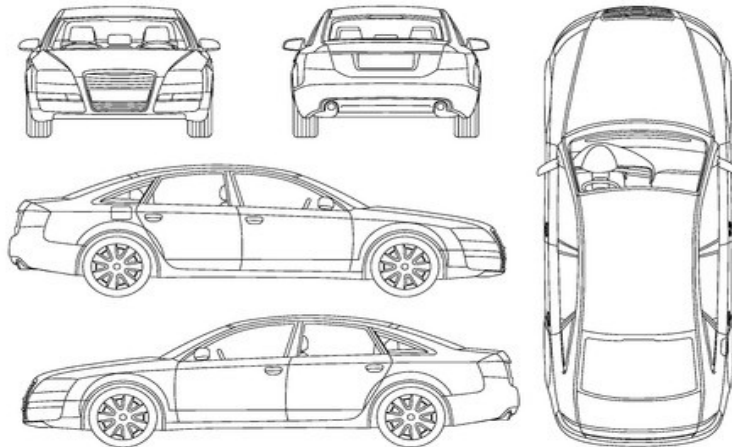
#### DESTINATION

Customer Name \_\_\_\_\_  
 Address 1 \_\_\_\_\_  
 Address 2 \_\_\_\_\_  
 City/ST/Zip \_\_\_\_\_  
 Phone No \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_  
 Mileage \_\_\_\_\_ Plate State/# \_\_\_\_\_ VIN \_\_\_\_\_

Interior Condition \_\_\_\_\_  
 Additional Info \_\_\_\_\_

- BR-Broken
- CH-Chipped
- CR-Cracked
- D-Dented
- F-Faded
- DF-Foreign Fluid
- FT-Flat Tire
- G-Gouge
- HD-Hail Damage



- LC-Loose Contents
- M-Missing
- MD-Major Damage
- MS-Mult Scratches
- O-Other
- R-Rubbed
- RU-Rust
- S-Scratched
- SC-Scuffed

Driver unable to make proper inspection, initial reason \_\_\_\_\_  
 Snow \_\_\_\_\_ Night Time Pick Up \_\_\_\_\_  
 Rain \_\_\_\_\_ Dirty \_\_\_\_\_

During transport, vehicles and vehicle equipment may cease to operate properly through no fault of the Transporter. The Transporter **will not be responsible** for damage NOT caused by the Driver.

I agree with the Driver's assessment of the vehicle condition. I have read and understand the terms/conditions and agree to be bound by them. This vehicle is free of contents and/or contents have been declared.

Owner/Designee - Vehicle Pick-up  
 Date/Time \_\_\_\_\_

I hereby acknowledge and represent that I have received this vehicle in the same condition as had been reported at the time of pick-up except as noted above and hereby release the Broker and Transporter from any damage claims.

Owner/Designee - Vehicle Delivery  
 Date/Time \_\_\_\_\_