WILD FIRE AUTO TRANSPORT

BILL OF LADING

780 West Army Trail, #304
Carol Stream, IL 60188

Date: _____
Driver: _____
Order No. _____

ORIGIN		DESTINATION	
Customer Name		**Customer Name**	
Address 1		**Address 1**	
Address 2		**Address 2**	
City/ST/Zip		**City/ST/Zip**	
Phone No		**Phone No**	

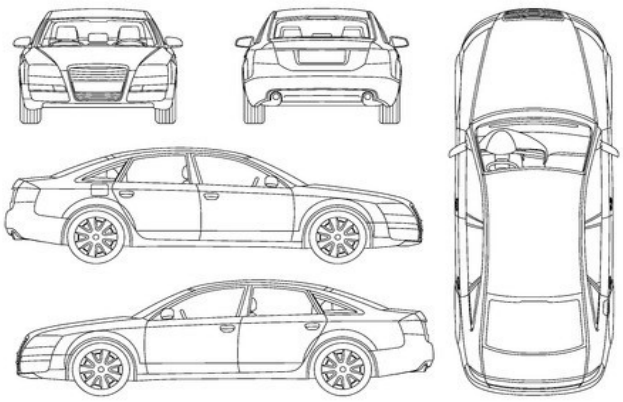
Year _____ **Make** _____ **Model** _____ **Color** _____

Mileage _____ **Plate State/#** _____ **VIN(last 8)** _____

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.	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 - Origin **Date**	**Owner/Designee - Destination** **Date**
Driver - Origin **Date**	**Driver - Destination** **Date**