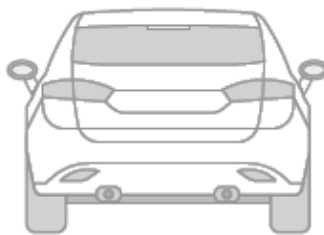
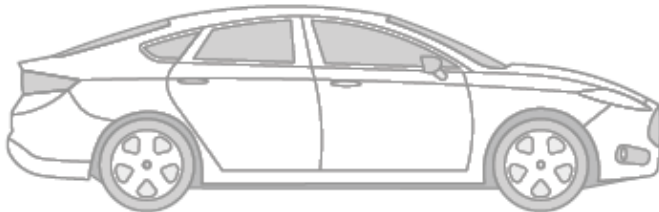
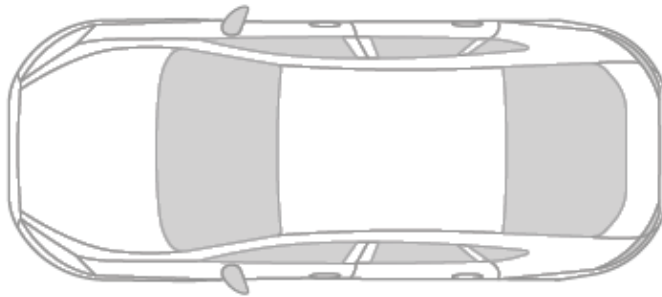
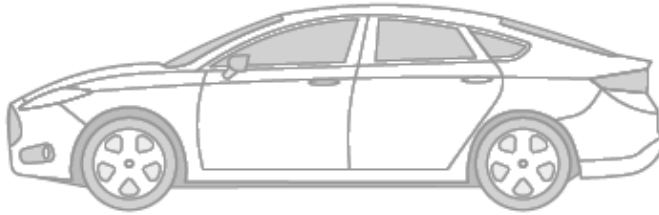




## CAR INSPECTION FORM

Vehicle Information: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

VIN#: \_\_\_\_\_ Odometer: \_\_\_\_\_



- |    |                       |
|----|-----------------------|
| S  | Swirls                |
| WS | Water Spots           |
| OX | Oxidation             |
| RC | Rock Chip             |
| H  | Holograms             |
| DS | Deep Scratch          |
| BD | Bird Dropping Etching |
| SC | Surface Contaminants  |
| PT | Paint Transfer        |
| CF | Clearcoat Failure     |
| CH | Cloudy Headlights     |
| GS | Glass Scratch or Chip |
| D  | Dents                 |
| WD | Wheel Damage          |
| LT | Loose Trim            |
| TS | Tree Sap              |
| RT | Road Tar              |
| RU | Rust                  |

Notes: \_\_\_\_\_  
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Pre-existing Defects - By signing this Vehicle Inspection form the shipper acknowledges the damage/defects identified and marked within as pre-existing and not hold the carrier responsible.

The carrier agrees to provide this inspection form along with the signed bill of lading before payment will be received.

SHIPPER NAME (PRINTED): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

CARRIER NAME (PRINTED): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_