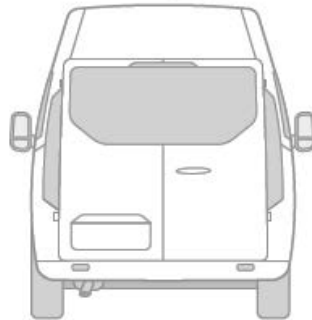
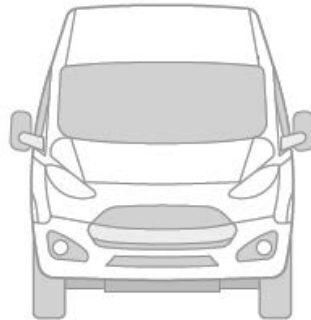
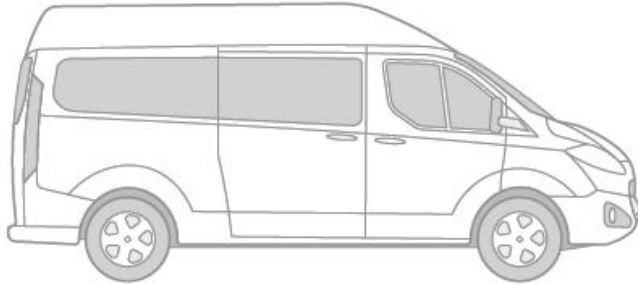
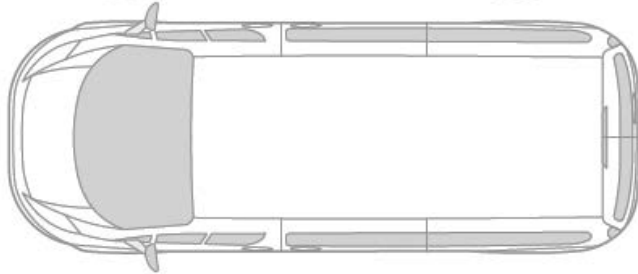
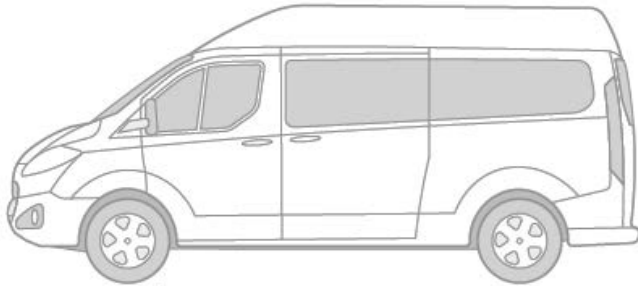




VAN INSPECTION FORM

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: _____

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: _____