

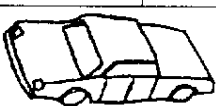

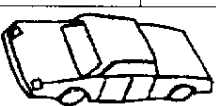

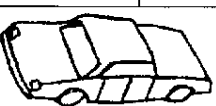

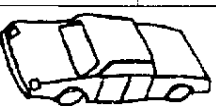

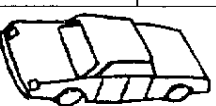

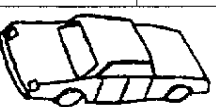
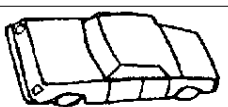
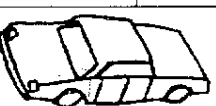

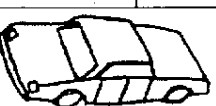



Ron McCauley Trucking02395 Co. Rd. E
Edgerton, OH 43517Date 8-16-09Driver S B A B BTruck No. 5

BILL OF LADING & INSPECTION

Invoice N^o 65670O: 419-298-7019 C: 419-464-8380 Billed to ☐Billed to ☐From: Name Manheim Fastway
Address 171 kmal North American
City, State, Zip Fort Wayne IN
Contact _____To: Name Set By Trans
Address _____
City, State, Zip Elizabeth NJ
Contact _____

B-Bent T-Torn BR-Broken CH-Chipped D-Dent M-Missing S-Scratched GC-Glass Cracked

MAKE OF CAR	MILEAGE	YEAR	MODEL	COLOR	VIN
<u>Mercedes</u>		<u>98</u>	<u>ML 320</u>		<u>XLA 023141</u>
<div>1</div>   <div>300^W</div>					
<div>2</div>  					
<div>3</div>  					
<div>4</div>  					
<div>5</div>  					
<div>6</div>  					
<div>7</div>  					
<div>8</div>  					
<div>9</div>   <div>Due upon Receipt 300</div>					

ORIGINAL INSPECTION Driver Signature _____ Shipper _____ Total Due _____

FINAL INSPECTION Damages which occurred in transit must be noted here and signed for by dealer and driver.

☐ No Transit Damage☐ Transit Damage as follows: _____

FINAL

INSPECTION

Driver Signature _____

Receiver _____

Date

08/19/09