

**A Trans**

11184 ANTIOCH RD SUITE 346  
OVERLAND PARK KANSAS  
66216  
PHONE : 913-849-0762  
Fax (913) 273-0758  
atrans4a@yahoo.com

**Bill of Lading**

LOAD ID: 8817

**ORIGIN**

CUSTOMER NAME

Marken K.C.

ADDRESS

3901 N. Skyles Ave

CITY

Kansas

STATE

MO

MAKE:

Lexus

MODEL:

GX470

YEAR:

05

MILEAGE:

VIN#

082817

CONDITION OF EXTERIOR:

BROKER:

MAYAL

**CHART OF IDENTIFICATION CODES**

B - Bent  
BB - Buffer Bump  
BR - Broken  
C - Cut  
CR - Cracked  
D - Dent  
F - Faded  
FF - Foreign Fluid  
G - Gouged  
L - Loose  
M - Missing  
P - Pitted  
PC - Paint Chip  
R - Rubbed  
RU - Rust  
S - Scratched  
SL - Soiled  
SS - Surface Scratch  
ST - Stained  
T - Torn



Vehicle Condition at Origin

DRIVER'S SIGNATURE

\$

O.O.D.

During Transportation Vehicles and Vehicle Equipment May Cease to Operate Properly Through No Fault of the Transporter.  
The Transporter will be Responsible for Damage Directly Caused by the Driver.  
The Transporter WILL NOT be Responsible for Damage NOT Caused by the Driver.

**ORIGIN**

I Agree with the Driver's Assessment of the Condition of This Vehicle.

Date:

Customer's Signature

I have Read and Understand the Terms and Conditions on the  
Reverse Side of This Form.

I Agree to be Bound by these Terms and Conditions.

Date:

Customer's Signature

Date:

Driver's Signature

This space is for Destination Exceptions by Customer

No title

This Vehicle is Received in Good Condition, Except as Noted  
Above, Thereby Releasing the Transporter from Any Further  
Claims.

Date:

10/1/11 My Ivan

Customer's Signature

Date:

Driver's Signature