

A Trans

11184 ANTIOCH RD SUITE 346
OVERLAND PARK KANSAS
66210
PHONE: 913-549-0762
Fax (913) 273-0758
atrans4s@yahoo.com

Bill of Lading

LOAD ID: 011588

ORIGIN

DESTINATION

CUSTOMER NAME: Manheim K.C.
ADDRESS: 3901 N Skiles Ave.

CUSTOMER NAME: TAT
ADDRESS: 196 E Macaribo St.

CITY: KANSAS CITY STATE: MO ZIP: 64108

CITY: NEWARK STATE: NJ ZIP: 07102

MAKE: Lexus MODEL: Gx470 YEAR: 2004

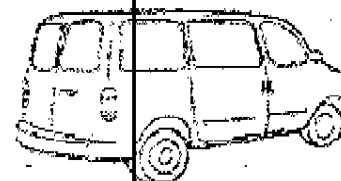
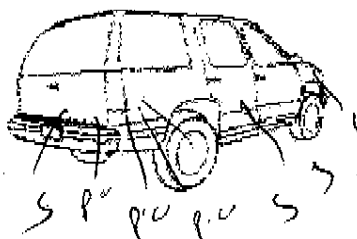
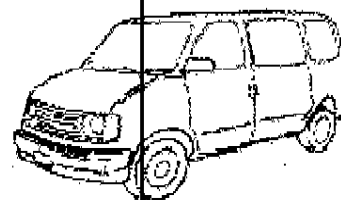
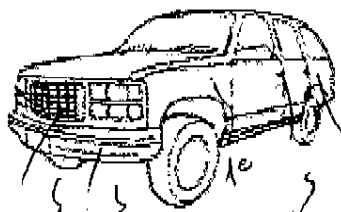
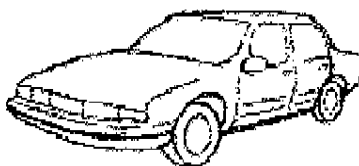
MILEAGE: _____ VIN# 011588

CONDITION OF EXTERIOR: _____

BROKER: Manheim North America

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 _____

C.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: _____

Manheim
Customer's Signature

Date: _____

Driver's Signature _____

This space is for Destination Exceptions by Customer

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

Date: _____

Customer's Signature _____

Date: _____

Driver's Signature _____

No 6161e
5121110