

Automobile Condition Record

Account: _____

Date: _____

Receipt No. _____

1800

Delivering Carrier: _____

Destination: _____

Freight Bill Number: _____

Make: _____

Year: _____

Model: _____

Type: _____

License No.: _____

Serial No.: _____

Mileage: _____

Length: _____

Width: _____

Height: _____

Auction: _____

Item	Rec.	Condition
Ash trays		
Cigar lighter		
Clock		
Exhaust system		
Front cushion		
Heater		
Hub caps		
Keys		
Mirrors		
Radio		
Rear cushion		
Seat covers		
Spare tires		
Sport Light		
Sun visor		
Tools		
Upholstery		
Car cover		

Damage code

B-Bent

BR-Broken

C-Chafed

CH-Chipped

D-Dented

GC-Glass Cracked

H-Hairline Scratch

R-Metal Rusty

S-Scratched

SN-Smashed

SCD-Scratched-Chafed

Dented

HDC-Heavily dust

Mud covered

Minor defects covered

LRT-Rear Truck locked

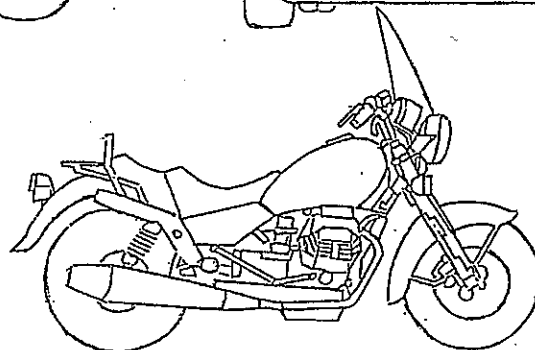
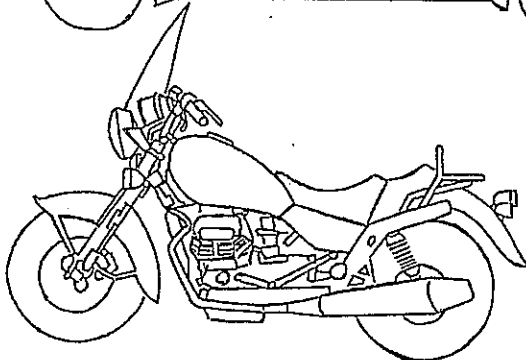
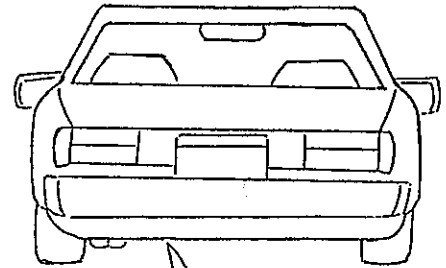
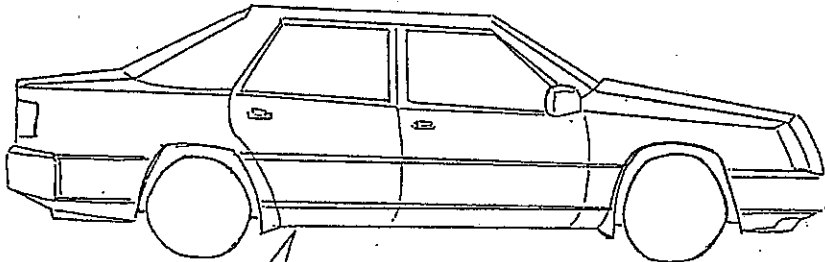
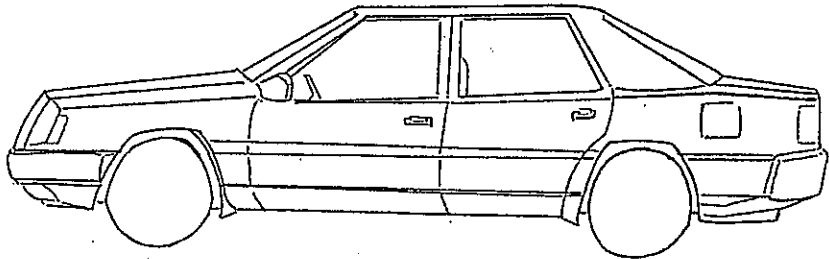
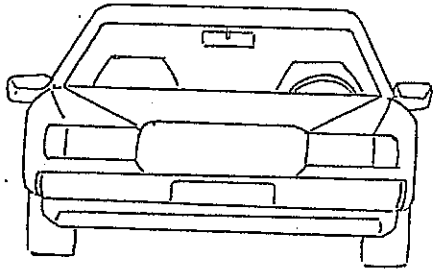
Title Received: Yes No

In operating Condition at origin: Yes No

Battery Disconnected: Yes No

In operating condition at destination: Yes No

Radiator drained: Yes No



AT/ Contractor, Carrier or Authorized Agent (Driver) signature: _____	DATE: _____	AT/ Contractor, Carrier or Authorized Agent (Driver) signature: _____	DATE: _____
Origin/ Owner or authorized Agent signature: _____	DATE: _____	Destination/ Owner or authorized Agent signature: _____	DATE: _____

Canada Transport INC. VEHICLE INSPECTION SHEET

DATE: _____ NAME: _____ UNIT: _____ TRAILER: _____

LOCATION RECEIVED FROM: _____ TRIP #: _____

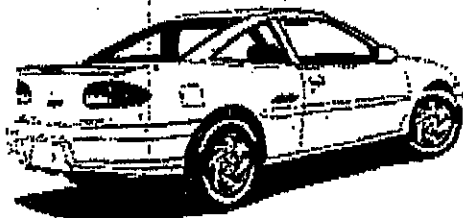
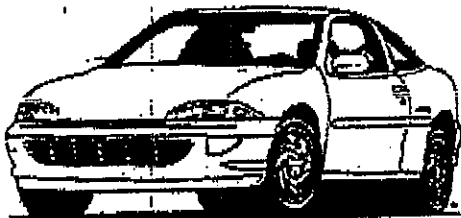
DESTINATION: _____ CONTACT NAME: _____

MAKE: _____ YEAR: _____ MODEL: _____

CONDITION: EXCELLENT AVERAGE: BELOW AVERAGE:

COMMENTS: _____

Mark and note any damage on vehicles shown below. Ensure shipper and receiver sign off on this inspection form.



Shipper: _____ Date: _____ Driver: _____

Receiver: _____ Date: _____ Driver: _____