



VEHICLE TRANSPORT SOLUTIONS INSPECTION FORM

Company  
 Company Tel  
 Provider Invoice #

Order ID =

VEHICLE INFORMATION

Year		Make		Model		Color	
Registered Owner				VIN			

SHIP FROM/PICK-UP INFORMATION

Pick-up Date  
 Pick-up Time  
 Contact Person Name  
 Business Name  
 Address  
 City, State, Zip  
 Cell Phone  
 Home Phone  
 Business Phone  
 Email


SHIP TO/DELIVERY INFORMATION

Delivery Date  
 Delivery Time  
 Contact Person Name  
 Business Name  
 Address  
 City, State, Zip  
 Cell Phone  
 Home Phone  
 Business Phone  
 Email


Driver's inspection comments  
 at pick-up

<input type="checkbox"/>	There are no pre-existing damages
<input type="checkbox"/>	There are pre-existing damages marked in below diagram
Additional comments:	
Driver signature:	
Driver Printed Name:	

Driver's inspection comments  
 at delivery

<input type="checkbox"/>	There are no pre-existing damages
<input type="checkbox"/>	There are pre-existing damages marked in below diagram
Additional comments:	
Driver signature:	
Driver Printed Name:	

Ship From Customer Signature\*

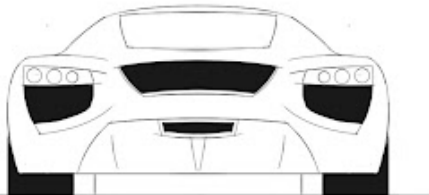
<input type="checkbox"/>	There are no pre-existing damages
<input type="checkbox"/>	There are pre-existing damages marked in below diagram
Additional comments:	
Customer signature:	
Customer Printed Name:	

Ship To Customer Signature\*

<input type="checkbox"/>	There are no pre-existing damages
<input type="checkbox"/>	There are pre-existing damages marked in below diagram
Additional comments:	
Customer signature:	
Customer Printed Name:	

\* I agreed with the driver's comments above and will relieve driver and company responsibilities of claims from these pre-existing conditions.

Mark pre-existing damaged with "X" on diagrams where applicable



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