

Vehicle Bill of Lading

Date: _____

Bill of Lading Number: _____

Shipper/Exporter:

Name: _____

Address: _____

Phone: _____

Email: _____

Consignee:

Name: _____

Address: _____

Phone: _____

Email: _____

Origin of Shipment: _____

Destination: _____

Carrier Information:

Name: _____

Driver's Name: _____

Vehicle Reg. No.: _____

Trailer No.: _____

Vehicle Details:

- **Make and Model:** _____
- **Year:** _____
- **Color:** _____
- **VIN (Vehicle Identification Number):** _____

- **Odometer Reading:** _____ km/miles

Vehicle Condition Report:

Check and note any damage or marks before shipping.

- Front Bumper: _____
- Rear Bumper: _____
- Left Side: _____
- Right Side: _____
- Windshield: _____
- Roof: _____
- _____

Additional Contents (if any):

List any personal items left in vehicle:

- Item 1: _____
- Item 2: _____
- Etc.

Special Handling Instructions:

Shipping Terms and Conditions:

- **Freight Charges:** Prepaid / Collect (Circle one)
- **Declared Value of Vehicle:** \$ _____
- **Insurance (if applicable):** _____

Signatures:

- **Shipper Signature:** _____
- **Carrier Driver Signature:** _____
- **Consignee Signature on Delivery:** _____

Remarks: