

SAMPLE



Settlement Fax: 866-450-3580
 Phone: 888-668-6885
 IN X 7802
 ARX 2990
 NCX 4902
 PAX 7804
 Safety X 7803
 Safety Fax 888-466-9110

MAMO TRANSPORTATION, INC.
 P.O. Box 40
 Osceola, IN 46561
 USDOT # 753560
 www.mamotransportation.com

Bill of Lading

This document is subject to all terms and conditions of bill-of-lading and common law.

Contract Driver: Joseph Driver ID# 03IN9999 Load # 78910

Unit #: 123456 VIN# W55967 Trailer VIN # _____

Shipper/ Origin
ABC Company
100 main street
Salt Lake City, Utah
 Phone: 800-564-9992

Consignee/Destination
123 Firm
642 Maple Lane
Boston, MA
 Phone 800-204-4000

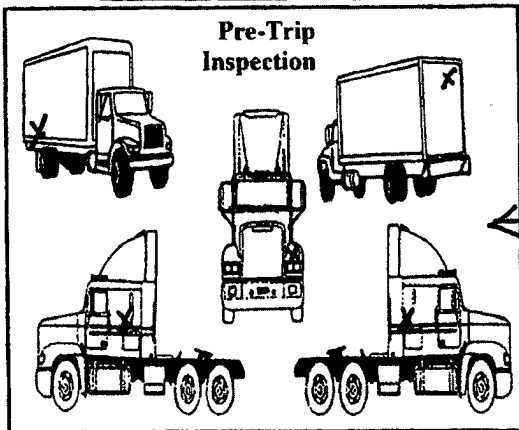
Fuel Type: Diesel Gas _____
 Full 3/4 1/2 1/4 Empty
 P/U _____ _____
 Dest. _____ _____

Vehicle 2006 Kenworth Tractor
 Type Tandem Axle Day Cab
 Size W/O Sleeper
 Weight 27,000 GVW

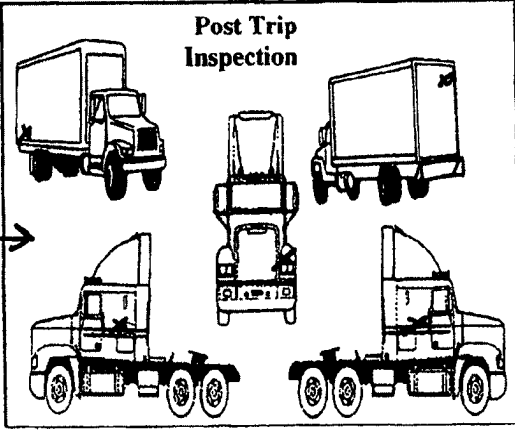
Odometer
 End Miles 2442
 Start Miles 42
 Total Miles 2400

Pre-Trip Inspection CFR 396.11	Is condition good?	
	Yes	No
Service brakes/ parking brakes	<input checked="" type="checkbox"/>	_____
Steering Mechanism	<input checked="" type="checkbox"/>	_____
Lights/ Reflectors/Signals	<input checked="" type="checkbox"/>	_____
Tires/ Inflation/ Condition	<input checked="" type="checkbox"/>	_____
Horn(s)	<input checked="" type="checkbox"/>	_____
Windshield Wipers/ Solvent	<input checked="" type="checkbox"/>	_____
Oil Level / Belts	<input checked="" type="checkbox"/>	_____
Rear Vision Mirrors	<input checked="" type="checkbox"/>	_____
Wheels / Rims / Mud flaps	<input checked="" type="checkbox"/>	_____
Coupling Devices (if applicable)	<u>N/A</u>	_____
Body Condition/ Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Equipment/ Fire Extinguisher	<input checked="" type="checkbox"/>	_____
Cleanliness	<input checked="" type="checkbox"/>	_____

Post-Trip Inspection CFR 396.11	Is condition good?	
	Yes	No
Service brakes/ parking brakes	<input checked="" type="checkbox"/>	_____
Steering Mechanism	<input checked="" type="checkbox"/>	_____
Lights/ Reflectors/Signals	<input checked="" type="checkbox"/>	_____
Tires/ Inflation/ Condition	<input checked="" type="checkbox"/>	_____
Horn(s)	<input checked="" type="checkbox"/>	_____
Windshield Wipers/ Solvent	<input checked="" type="checkbox"/>	_____
Oil Level / Belts	<input checked="" type="checkbox"/>	_____
Rear Vision Mirrors	<input checked="" type="checkbox"/>	_____
Wheels / Rims/ Mud Flaps	<input checked="" type="checkbox"/>	_____
Coupling Devices (if applicable)	<u>N/A</u>	_____
Body Condition/ Damage	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Safety Equipment/ Fire Extinguisher	<input checked="" type="checkbox"/>	_____
Cleanliness	<input checked="" type="checkbox"/>	_____



Describe damage and/or exceptions to condition:
Various scratches & dents
Same At deliver



Shipper and driver confirm that the condition of vehicle at pick-up and release to driver is satisfactory except as noted on the pre-trip diagram and/or for hidden damage which may not be apparent in pre-trip inspection.
 Shipper: ABC - by John Marlin
 Date: 12-12-05
 Driver: Joseph Driver

Receiver has received this vehicle in good condition; acknowledges no driver/transit damage to the vehicle; and releases Mamo Transportation, Inc. except as noted in the post trip inspection diagrams.
 Receiver: 123 by Martin Gray
 Date: 12-16-05
 Driver: Joseph Driver