



UNIFORM STRAIGHT BILL OF LADING ORIGINAL NOT NEGOTIABLE

ORIGIN AND DELIVERY FORM

ICC MC 222317 / FF-9224-P

RECEIVED SUBJECT TO THE TERMS AND CONDITIONS OF THE BILL OF LADING AND ALL TARIFFS IN EFFECT AT THE TIME OF SHIPMENT

2775 Burriss Rd / Suite 6B-1 / Davie, FL 33314

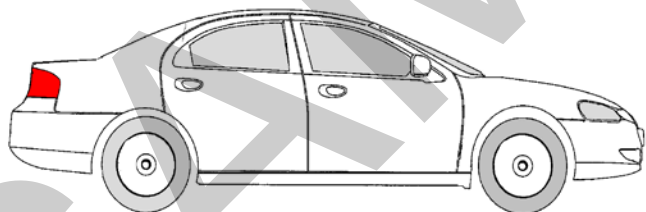
954.764.5700 800.327.2298 fax 954.764.8233

Shipper/Owner: Address: _____ Phone: _____	Consigned to: Address: _____ Phone: _____
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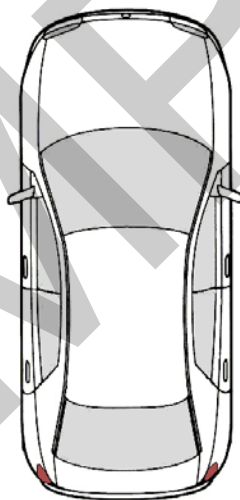
VEHICLE INFORMATION AND INSPECTION ** SEE INSPECTION CODE IDENTIFICATION CHART ON REVERSE SIDE **							
YEAR	MAKE	MODEL	DOORS	FUEL LEVEL	PLATE	COLOR	
				<i>E</i> $\frac{1}{8}$ $\frac{1}{4}$ $\frac{3}{8}$ $\frac{1}{2}$ $\frac{5}{8}$ $\frac{3}{4}$ $\frac{7}{8}$ <i>F</i>			
MILEAGE	VIN#			KEYLESS <input type="checkbox"/> YES REMOTE <input type="checkbox"/> NO	# of Keys	INSPECTED BY DATE AND TIME:	

D.O.T. regulations limit our service to the transport of vehicles only. Swad Auto Transporters, Inc. and/or any assigned trucking company acting on behalf of Swad Auto Transporters, Inc. reserves the right to refuse any vehicle with personal effects. Any fines, charges, loss, or damages resulting from these personal effects will be the shipper's responsibility. This inspection represents a general overall condition and is not inclusive of all damage. Shipper acknowledges that Swad Auto Transporters, Inc., and/or assigned trucking company will not be liable for minor damages such as scratches, scuffs, and chips that result from normal road conditions or normal wear and tear.

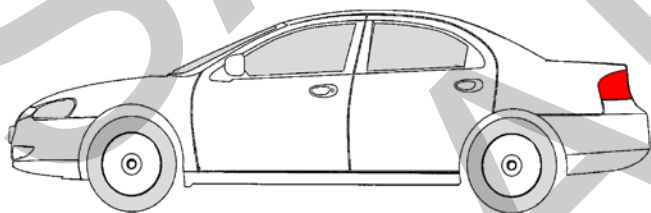
Transport Charge: _____ Terminal/Other Charges: _____ Fuel Surcharge: _____ Deposit: _____ Balance Due: _____	ACCEPTABLE FORMS OF PAYMENT: <i>Vehicles delivering outside of the State of Florida require pre-payment. Payment with credit card will incur additional 3% administrative fee.</i>	CN# _____ Trip#/Broker# _____ Driver _____
	PRE-PAYMENT: <input type="checkbox"/> Cash Only <input type="checkbox"/> Check <input type="checkbox"/> Credit Card	PAYMENT ON DELIVERY: <input type="checkbox"/> Cash Only <input type="checkbox"/> Check <input type="checkbox"/> Credit Card



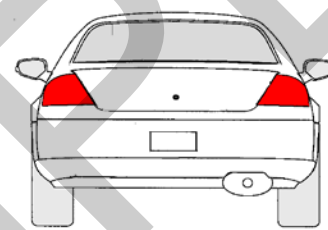
Passenger Side



Front



Drivers side



Rear

GENERAL CONDITION / OTHER COMMENTS:		
CHECK THE APPROPRIATE BOXES: <input type="checkbox"/> EXHAUST LOUD, TOO LOW, RUSTY NOT RESPONSIBLE FOR DAMAGE <input type="checkbox"/> VEHICLE IS NOT RUNNING. WILL SHIP "AS IS." VEHICLE WILL BE SHIPPED AT YOUR OWN RISK. NOT RESPONSIBLE FOR DAMAGE <input type="checkbox"/> VEHICLE IS IN POOR CONDITION. TOO MUCH DAMAGE TO LIST. VEHICLE SHIPS "AS IS." VEHICLE WILL BE SHIPPED AT YOUR OWN RISK. NOT RESPONSIBLE FOR DAMAGE	<input type="checkbox"/> WINDSHIED PITTED, CHIPPED OR CRACKED. NOT RESPONSIBLE FOR DAMAGE CAUSED BY THIS CONDITION <input type="checkbox"/> NO RADIO OR SOUND SYSTEM <input type="checkbox"/> INTERIOR DIRTY OR STAINED <input type="checkbox"/> INTERIOR TORN OR BROKEN ITEMS <input type="checkbox"/> HEADLIGHTS FADED OR MOISTURE INSIDE	VEHICLE OPEN FOR RE-INSPECTION DUE TO THE FOLLOWING CONDITIONS: <input type="checkbox"/> RAINING OR WET <input type="checkbox"/> NIGHT OR TOO DARK <input type="checkbox"/> TOO DIRTY Re-inspection will be done if needed and can be provided upon request.

ALL CLAIMS ARE SUBJECT TO A \$250.00 DEDUCTIBLE. FIRE, THEFT AND COLLISION COVERED WHILE IN TRANSIT ONLY.
 ALL AUTOS OVER \$25,000 IN FAIR MARKET VALUE WILL BE SHIPPED CO-INSURED WITH THE OWNER.

NOTED EXCEPTIONS AT DELIVERY:

I have read both sides and understand the terms and conditions of this Bill of Lading, and release my car to Swad Auto Transporters, Inc. and/or the assigned trucking company. ORIGIN: Signature _____ Date/Time _____ (Shipper/Owner/Shipper's Agent)	I have received my car in good condition thereby releasing Swad Auto Transporters, Inc. and/or the Broker/Trucking Company from any further claims except as noted at exceptions at delivery. DELIVERY: Signature _____ Date/Time _____ (Shipper/Owner/Shipper's Agent/Consignee or Consignee's Agent)
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IMPORTANT!

READ BOTH SIDES BEFORE SIGNING.

IMPORTANT!