

RELIABLE DRIVEAWAY, INC.

6130 Kennedy Avenue
Hammond, IN 46323

TRANSFER AGREEMENT
INSPECTION REPORT

Phone: (219) 844-0780
Fax: (219) 844-0811

UNIT # _____ CUSTOMER _____ PO # _____

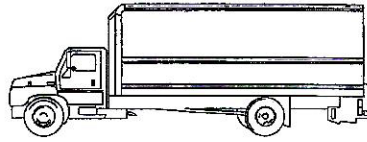
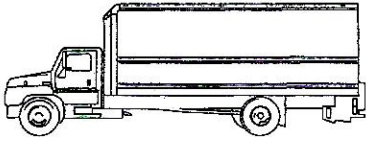
CLEARLY INDICATE ALL DAMAGED AREAS AND BRIEFLY DESCRIBE DAMAGE (H=HOLE S=SCRATCH C=CRACK D=DENT)

OUT

IN

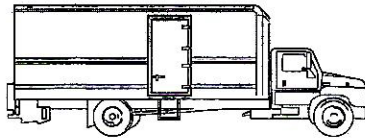
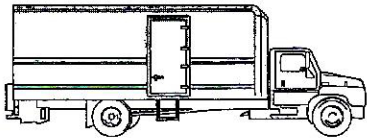
DATE _____ MILEAGE _____ DATE _____ MILEAGE _____

CLEARLY INDICATE ALL DAMAGED AREAS AND BRIEFLY DESCRIBE DAMAGE (H=HOLE S=SCRATCH C=CRACK D=DENT)



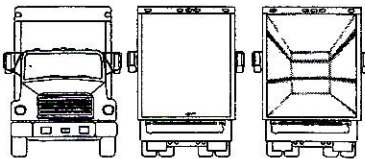
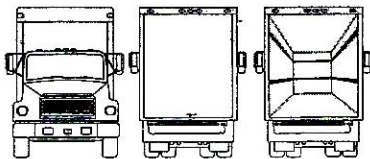
OUT - Describe any damage

IN - Describe any damage



OUT - Describe any damage

IN - Describe any damage



OUT - Describe any damage

IN - Describe any damage

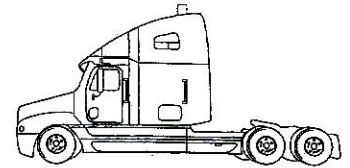
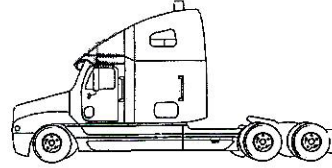
OUT

Comments: _____

Customer acknowledges damages or missing items as noted above.

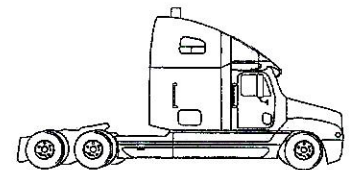
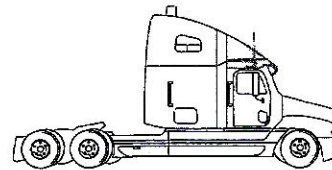
Signature - Reliable Rep.

Signature - Customer



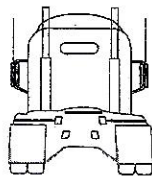
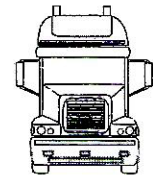
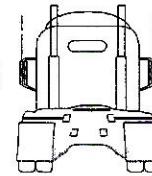
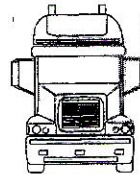
OUT - Describe any damage

IN - Describe any damage



OUT - Describe any damage

IN - Describe any damage



OUT - Describe any damage

IN - Describe any damage

IN

Comments: _____

Customer acknowledges and accepts Unit with damages above.

Signature - Reliable Rep.

Signature - Customer