C.O. Logistic

PACKING LIST

SHIPPER:

Name:	
Address:	
Telephone:	
Social Security #:	

	VEHICLE INFORMATION					
ITEM	**FREIGHT** Car, Motorcycle, Boat, etc.	**MAKE**	**VIN#**	**PLATE #**	**COLOR**	**$ VALUE**
1						

	LIST OF GOODS (STUFF) LOADED IN THE CAR	
BOX	**I T E M D E S R I P T I O N**	**$ VALUE**
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
TOTAL	**PCS:**	**TOTAL VALUE**

Shipper signature: Date: