

EMPIRE AUTO TRANSPORTATION GROUP

Invoice

Invoice #	Date
10919	12/29/2011
Terms	Due Date
Due on receipt	12/29/2011

EMPIRE AUTO TRANSPORTATION GROUP

POB 417
SYRACUSE, NY 13209

(315)488-2523
EMPIRE120@GMAIL.COM

MAK MAL NORTH AMERICA
92 DOVE TAIL DRIVE
RICHMOND HILL, ON L4E5A7

Bill To

Please detach top portion and return with your payment. X

Amount Due	Enclosed
\$350.00	

Ship Date	Ship Via	Tracking #
12/25/2011	VASYL Z	TRIP # 21

Date	Activity	Quantity	Rate	Amount
12/29/2011	2004 LEXUS GX470 VIN # 067968 FROM WI TO NJ ORDER # 7968	1	350.00	350.00

SubTotal	Tax (8%)	Total
\$350.00	\$0.00	\$350.00

ICC#539721-C
Delivery Date: 12/11

EMPIRE AUTO TRANSPORTATION GROUP

POB 417 SYRACUSE, NY 13209
PHONE: 315.254.5741 FAX 315.488.2595

BILL OF LANDING AND INSPECTION REPORT

Freight Bill no. 10
Truck# 44574
Driver: [Signature]

B-Bent • T-Tom • BR-Broken • CH-Chipped • D-Dent • M-Missing • S-Scratched • GC-Glass Cracked

Notes: CAR received at night time

Make	Model	Year	Color	Miles
LEXUS	GX470	04		7968

VIN

Notes:

Make	Model	Year	Color	Miles

VIN

Notes:

Make	Model	Year	Color	Miles

VIN

Notes:

Make	Model	Year	Color	Miles

VIN

Origin: AUSTON
Street: [Signature]
City: [Signature]
State: [Signature]
Tel: [Signature]
Contact: [Signature]

Notes:

Make	Model	Year	Color	Miles

VIN

Notes:

Make	Model	Year	Color	Miles

VIN

Notes:

Make	Model	Year	Color	Miles

VIN

Notes:

Make	Model	Year	Color	Miles

VIN

Origin: [Signature]
Street: [Signature]
City: [Signature]
State: [Signature]
Tel: [Signature]
Contact: [Signature]

Original Inspection Driver Signature _____ Shipper _____ Date _____

FINAL INSPECTION

Damages which occurred in transit must be noted here and signed for by dealer and driver

☐ No Transit Damage ☐ Transit Damage as follows:

Driver Signature _____ Receiver _____ Date _____

RECEIVER SUBJECT TO TERMS ON REVERSE