

EMPIRE AUTO TRANSPORTATION GROUP

Invoice

DATE	INVOICE #
08/26/2011	10150
TERMS	DUE DATE
5 BUSINESS DAY	08/31/2011

EMPIRE AUTO TRANSPORTATION GROUP
 BOX 417
 YACUSE, NY 13209
 (315) 488-2523
 EMP1RE120@GMAIL.COM

MAKMAL NORTH AMERICA
 92 DOVE TAIL DRIVE
 RICHMOND HILL, ON L4E5A7

BILL TO

AMOUNT DUE ENCLOSED
 \$350.00

Please detach top portion and return with your pay ment.

Date	Activity	Quantity	Rate	Amount
	SHIP DATE	08/25/2011	SHIP VIA	TRACKING #
			OLEG D.	TRJP # 28

08/26/2011 2005 LEXUS GX470 VIN # 50069162 FROM MN TO NJ ORDER # 9162

SUBTOTAL	\$350.00
TAX (8%)	\$0.00
TOTAL	\$350.00

EMPIRE AUTO TRANSPORTATION GROUP

FOB 417 SYRACUSE, NY 13209
PHONE: 315.254.5741 FAX 315.488.2595

BILL OF LANDING AND INSPECTION REPORT

Freight
Bill no.
Truck#
Driver

ICC#539721-C
Delivery Date:

C.O.D.S.
Check#:

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

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				
Notes:				

Origin: Minneapolis hobart STAR
 Street: SNARODE State: MI
 City: MI Tel: () _____
 Contact: _____

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				
Notes:				

Origin: ft + international
 Street: MI State: MI City: MI
 Tel: () _____
 Contact: _____

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:

Receiver Signature _____ Date _____

RECEIVER SUBJECT TO TERMS ON REVERSE

in voice