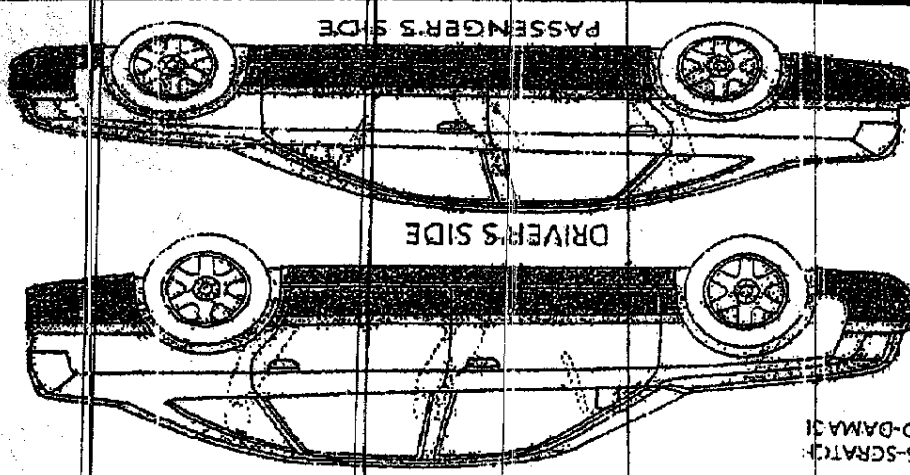
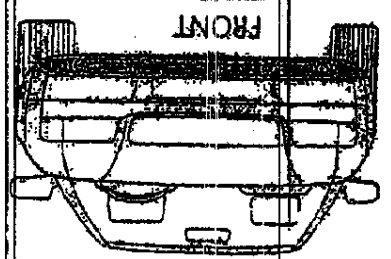
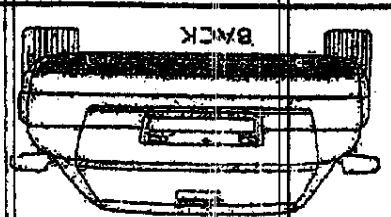




RECIPIENT'S NAME: <u>Vadym</u>		DATE: <u>5/21</u>																			
NOTES:																					
VEHICLE DAMAGE REPORT FRONT:  BACK: 		SCRATCHES ALL OVER THE CAR YES <input type="checkbox"/> NO <input type="checkbox"/>																			
VIN# _____ COLOR: <table border="1" style="display: inline-table;"> <tr><td><input type="checkbox"/></td><td>Gray</td></tr> <tr><td><input type="checkbox"/></td><td>White</td></tr> <tr><td><input type="checkbox"/></td><td>Black</td></tr> <tr><td><input type="checkbox"/></td><td>Silver</td></tr> <tr><td><input type="checkbox"/></td><td>Blue</td></tr> <tr><td><input type="checkbox"/></td><td>Red/Dark Red</td></tr> <tr><td><input type="checkbox"/></td><td>Yellow</td></tr> <tr><td><input type="checkbox"/></td><td>Orange</td></tr> <tr><td><input type="checkbox"/></td><td>Green</td></tr> </table>		<input type="checkbox"/>	Gray	<input type="checkbox"/>	White	<input type="checkbox"/>	Black	<input type="checkbox"/>	Silver	<input type="checkbox"/>	Blue	<input type="checkbox"/>	Red/Dark Red	<input type="checkbox"/>	Yellow	<input type="checkbox"/>	Orange	<input type="checkbox"/>	Green	SCRATCHES ALL OVER THE CAR YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input type="checkbox"/>	Gray																				
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<input type="checkbox"/>	Red/Dark Red																				
<input type="checkbox"/>	Yellow																				
<input type="checkbox"/>	Orange																				
<input type="checkbox"/>	Green																				
MODEL: <u>Lexus</u> MAKE: <u>2x300</u> YEAR: <u>03</u>		TITLE: _____ VEHICLE BOOKS: _____ KEYS: _____ SPARE TIRE: _____ WINDSHIELD WIPERS: _____ TOOLS: _____ STEREO: _____ FLOOR MATS: _____ DIRTY ALON: _____ DIRTY VEHICLE: _____ ACCESSORIES: _____ NOVIATION SYSTEM: _____ CAR PHICES: _____																			
SHIPPER INFO: NAME OR COMPANY'S NAME: _____ CITY: _____ STATE: _____ ZIP: _____ TEL: _____		CONSIGNEE INFO: NAME OR COMPANY'S NAME: <u>Safely</u> CITY: _____ STATE: _____ ZIP: _____ FINAL DESTINATION: _____																			
SALVAGE: YES <input type="checkbox"/> NO <input type="checkbox"/>		RUNS: YES <input type="checkbox"/> NO <input type="checkbox"/>																			

# ALMO Car Transport

376 Newtown-Richboro Rd, Richboro PA 18954  
 Tel: (267) 528-2915 Fax: (718) 524-8575

# ALMO Car Transport

376 Newtown-Richboro Rd, Richboro PA 18964  
Tel: (267) 528-2916 Fax: (718) 524-8575

SALVAGE: YES ☐ NO ☐SHIPPER INFO: *Wack mal*

NAME OR COMPANY'S NAME:

ADDRESS

CITY

ZIP

STATE

TEL:

VEHICLE INFO: 2002

YEAR

MAKE

LEXUS RX 300

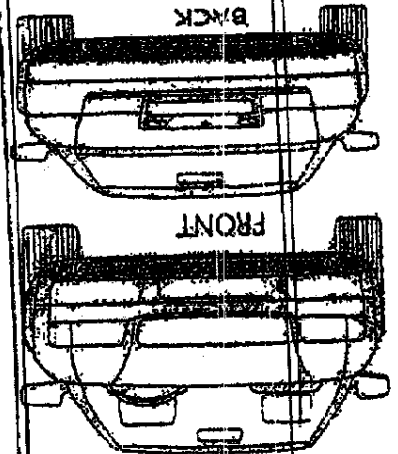
MODEL

COLOR

Red/Dark Red ☐  
Blue ☐  
Silver ☒  
Black ☐  
White ☐  
Gray ☐  
Orange ☐  
Green ☐

VIN#

VEHICLE DAMAGE REPORT



SCRATCHES ALL OVER THE CAR

YES ☐NO ☐

TITLE ☐ VEHICLE BOOKS ☐ KEYS ☐ 1 2 3  
SPARE TIRE ☐  
WINDSHIELD WIPERS ☐  
TOOLS ☐  
STEREO ☐  
FLOOR MATS ☐  
DIRTY SALON ☐  
DIRTY VEHICLE ☐  
ACCESSORIES ☐  
NOVIGATION SYSTEM ☐  
CAR PRICE \$ ☐

YES ☒ NO ☐

251472

BAD WEATHER

NIGHT Time ☐DAY Time ☐

INSPECTION TIME (RING)

FINAL DESTINATION:

CITY

ADDRESS

NAME OR COMPANY'S NAME:

CONSIGNEE INFO:

RUNS: YES ☐NO ☐

NOTES:

RECIPIENT'S NAME: *Wack mal*

DATE: 5.15.04

PASSENGER'S SIDE

DRIVER'S SIDE

D-DAMAGE

D42

[illegible]