

7001 W 35 Avenue, 173  
Hialeah, FL 33018  
786-362-3841  
786-953-7322  
laz594@comcast.net

**HCJ Auto Transport**

# Fax

**To:** Valentina

**From:** Jannette

**Fax:**

**Pages:**

**Phone:**

**Date:**

**Re:** Pending vehicles

**cc:**

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

• **Comments:**

*Valentina,*

*Please make check out to Antonio Martinez.*

*If you have any questions, please contact me at 786-362-3841..*

*Thank you,*

*Jannette*



## STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

Shipper's No. \_\_\_\_\_

Carrier ACT OUT TOWNSHIP

SCAC \_\_\_\_\_

Carrier's No. \_\_\_\_\_

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and all applicable state and federal regulations.

at \_\_\_\_\_ date \_\_\_\_\_ from \_\_\_\_\_

the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to delivery at said destination, if on its route, or otherwise to deliver to another carrier on the route to said destination. It is mutually agreed that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to

Destination Tampa Bay State FL County Tampa Zip 33305

Delivery Address \_\_\_\_\_

Route \_\_\_\_\_

Delivering Carrier \_\_\_\_\_

Vehicle Number \_\_\_\_\_

Number of Packages	Description of Articles	Weight (sub. to correction)	Class or Rate	Subject to Section 7 of conditions, if this shipment is to be carried to the consignee without recourse on the contract, the consignor shall sign the following statement: This carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
1	Books	LN 333053	D	(Signature of Consignor)
				FREIGHT CHARGES: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>
				COD AMT: \$
				TOTAL CHARGES: \$
Collect On Delivery and remit to \$				COD FEE: \$
				Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

Shipper: \_\_\_\_\_ Carrier: \_\_\_\_\_

Per: \_\_\_\_\_ Date: \_\_\_\_\_

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Printed in the United States

Date: \_\_\_\_\_

Nov 22 08 02:14p

1234567890

305-252-9062

2

## Shipper's No.

SCAC

Carrier's No.

202

at \_\_\_\_\_ date \_\_\_\_\_ from \_\_\_\_\_

[illegible]

Consigned to

**Delivery Address**

## Route

**Delivering  
Carrier**

Vehicle Number

Number of Packages

## Description of Articles

Weight  
(sub. to correction)Class  
or Rate

18/05

210 511470



**(Signature of Consignor)**

**FREIGHT CHARGES:**Prepaid ☐☐ Collect

**COD AMT:**

**TOTAL CHARGES:**

Collect On Delivery	and remit to
---------------------	--------------

**COD FEE:**

Prepaid	<input type="checkbox"/>
Collect	<input type="checkbox"/>

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_

**NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).**

Shipper: \_\_\_\_\_

Carrier: \_\_\_\_\_

Per: \_\_\_\_\_ Date: 11/08 Per: \_\_\_\_\_

Date:

Per

Per: \_\_\_\_\_

Date:

Per:

Date:

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STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

Shipper's No. \_\_\_\_\_

Nov 22 08 02:15p

lazarro

305-252-9062

p.5

SCAC

Carrier's No. \_\_\_\_\_

Carrier AKT BLD RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and all applicable state and federal regulations.

at \_\_\_\_\_ date \_\_\_\_\_ from \_\_\_\_\_

the Property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated below which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to delivery at said destination, if on its route, or otherwise to deliver to another carrier or other route to which it is usually agreed as to each carrier of all or any of said Property over all or any portion of said route to destination and as to each party at any time interested in all or any of said Property that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for transit and its assigns.

Consigned to

Destination

State

County

Zip

Delivery Address

Route

Tampa FL  
Ellen FL

Delivering Carrier

Vehicle Number

Number of Packages	Description of Articles	Weight (sub. to correction)	Class or Rate	Subject to Section 7 of conditions, if this shipment is to be delivered to another carrier or other route to which it is usually agreed as to each carrier of all or any of said Property, the shipper and the carrier shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
1	LEXUS <u>VIA: 10/15/32</u>		A	(Signature of Consignor)	
				FREIGHT CHARGES:	
				Prepaid <input type="checkbox"/>	
				Collect <input type="checkbox"/>	
				COD AMT:	
				\$	
				TOTAL CHARGES:	
				\$	
				Prepaid <input type="checkbox"/>	Collect <input type="checkbox"/>

Collect On Delivery and remit to

COD FEE:

\$

Prepaid ☐

Collect ☐

NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

Shipper:

Carrier:

Per: [Signature]

Date:

Per:

Date:

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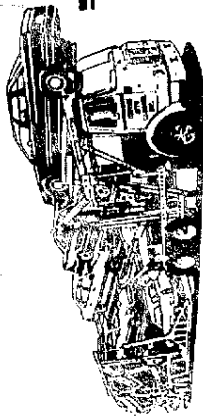
Printed in the United States

1

Antonio Martinez

INVOICE:

020844



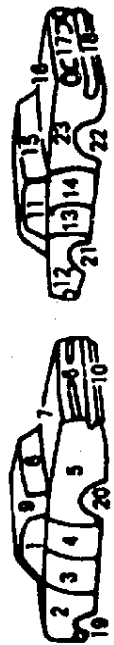
# United Auto Carrier Inc.

9835 S.W. 72<sup>nd</sup>. Street • Suite 207  
Miami, Florida 33173  
TEL.: 305-270-7571 • 1-800-543-5256  
Fax: 305-270-7337

FROM:	Imperial
CITY/STATE:	Palk city. FL.
SHIP TO:	8330 NW 36 Ave.
CITY/STATE:	Miami. FL

DATE PICKED UP:		10/16/08.		DATE RECEIVED:		P.O. N.O.		TRUCK NO.		907		DRIVER NO.		Antonio Martinez	
UNIT NUMBER		SERIAL NUMBERS (LAST 8 DIGITS)		MAKE		MODEL		CAR CONDITION/COMMENTS		MILEAGE		UNIT COST			
1		250069	149	peugeot	mondeo	(twined)	18/14/33					150.00			
2								ALL Rims Best Condition							
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															

ALL CARS ABOVE, SHIPPED/RECEIVED WITH NOTED DAMAGES



LEFT SIDE OF CAR  
RIGHT SIDE OF CAR  
INDICATE DAMAGED AREAS IN CAR CONDITION/COMMENTS

SHIPPED BY:	SIGNATURE	DATE
RECEIVED BY:	SIGNATURE	DATE
PRINT NAME CLEARLY		

C.O.D. ☐  
BILLING ☐

Damaged Vehicles Checked  
No Claims Accepted After