

INVOICE

944

SAMSON CARGO PICKUP, INC.
360 MCCOOK CIRCLE,
KENNESAW, GA 30144

COMPANY: Makmal North America
92 Dovetail Dr
Richmond Hill, ON L4B 5A7

TEL #: 678-919-9271
FAX #: 678-388-9132

TEL: 1-647-477-3310
FAX: 1-647-435-5876

Load ID: 1663

| VIN # | Origin | Destination | Description | Amount |
|----------------|------------|-------------|--------------------------------|-----------------|
| na | Atlanta GA | Newark NJ | 2004 Lexus RX330 | \$250.00 |
| | | | | |
| | | | customer pd 0.00 cash 01/07/10 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Advance | | | | |
| | | | | |
| | | | | |
| | | | TOTAL | \$250.00 |

Remit Payment To: Samson Cargo Pickup Inc
360 McCook Cir
Kennesaw GA, 30144.

PROCESSED BY: Makena Mwirigi
DATE: 1/12/2010

BILL OF LADING

SAMSON CARGO PICKUP INC
P.O. BOX 441104. KENNESAW, GA 30160
Phone: (678) 919 9271. Fax: (678) 388 9132

Customer Agreement &
Vehicle Inspection Report.

BROKER: _____
ORDER/LOAD #: _____

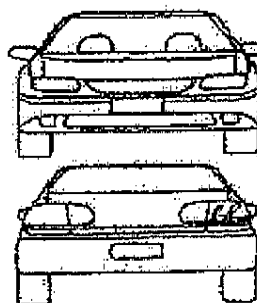
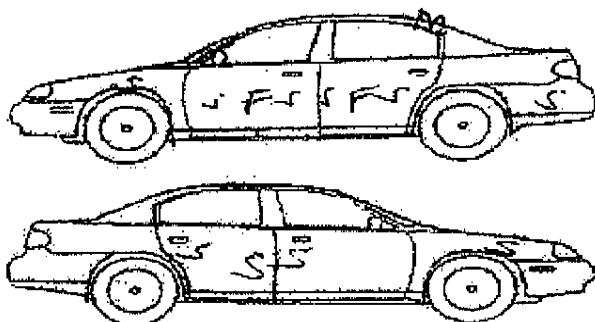
Customer hereby requests Samson Cargo Pickup Inc to make arrangements for the transport of the following described Vehicles from origin to destination subject to the terms and conditions contained herein

PICK UP LOCATION

DELIVERY LOCATION

| | |
|-----------------------------------|-------------------------------------|
| Consignor <u>Monheim</u> | Consignor _____ |
| Address <u>4900 Ruffington rd</u> | Address <u>196 E Main Street St</u> |
| City <u>Atlanta</u> | City <u>Newark</u> |
| State <u>GA</u> Zip _____ | State <u>NJ</u> Zip _____ |
| Phone # Work _____ | Phone # Work _____ |
| Phone # Cell <u>800 856 6107</u> | Phone # Cell <u>973 744 7102</u> |
| Contact Person: _____ | Contact Person: _____ |

Year 04 Make Lexus Model ES 330 Color _____ Mileage _____



B - Bent
BR - Broken
C - Cut
CR - Cracked
D - Dented
F - Faded
L - Loose
M - Missing
P - Peel
PC - Paint Chip
R - Rubbed
RU - Rust
S - Scratched
ST - Stained
T - Torn

Driver Name: Kumar

Billing: 250 C.O.D. \$

Transporter shall not be responsible for damage due to natural occurrences such as hail, wind, snow, rain or objects coming from the road.

The Transporter has no way of telling if vehicles have internal/mechanical problems. We cannot be held responsible for such problems.

During transport, vehicles and vehicle equipment may cease to operate properly through no fault of the transporter.

All damage must be noted at the point of drop off. We cannot accept a claim 24hrs after the drop off if not already noted.

All C.O.D's must be collected at the point of drop off in form of cash, money order, company check or cashiers check.

The Transporter will ONLY be responsible for damage directly caused by the driver

The Transporter WILL NOT be responsible for damage NOT caused by the driver.

| | |
|---|--|
| Origin Notes / Interior Condition of the Vehicle | This space is for destination exception by the Customer |
| Last 8 VIN #'s | |
| <u>MAKING NORTH America</u> | |
| <u>001663</u> | |
| I agree with the Driver's assessment of the condition of this vehicle and understand the terms and condition of the report above and on the reverse side of this form. I agree to be bound by all these terms and conditions. This vehicle is free of any illegal contents and/of substances. | The Customer/Consignee hereby acknowledges and represents that he or she has received this vehicle in the same condition as it had previously been delivered to the transporter except as noted above, and hereby releases the broker and the Transporter from any claims for damage to the vehicle. |
| Origin / Customer's Signature _____ Date _____ | Destination / Customer's Signature _____ Date <u>7/1/10</u> |
| Origin / Driver's Signature _____ Date _____ | Destination / Driver's Signature _____ Date _____ |