

**FAX COVER**

**To:** Accounting Department  
**Company:** MADAM NORTH AMERICA  
**Phone Number:** 647-435-5876  
**Date:** 12/6/2011

**From:** Accounting Department  
**Company:** American Best Care Transportation LLC  
**Fax Number:** 862-252-7844  
**Pages:** 4  
Includes Cover Page

☒ Urgent  
☐ For Review

☐ Please Reply  
☐ Please Comment

**IMPORTANT**

Car delivered on 12/7/2011  
Please find attached:  
Invoice (including payment inf.)  
Bill of Lading  
Signed Order (dispatch sheet)

Confidentiality Note: Please call (347) 574-2373 if you have received this transmission in error. The documents accompanying this telecopy transmission may contain information which is confidential or privileged. The information is intended to be for the use of the individual or entity named on this transmission sheet. If you are not the intended recipient, be aware that any disclosure, copying, distribution, or use of the contents of this telecopied information is strictly prohibited.

# American Best Care Transportation LLC

377 S. Harrison Street #9K

East Orange, NJ 07018

Tel: 973-588-1198/ 973-704-4284

Fax: 862-252-7844

## Bill of Lading

No.: 2032

FROM / TO		FROM/ TO	
Name	*Contact Dispatcher*	Name	*Contact Dispatcher*
Company	Manheim Baltimore-Washington	Company	TRT International
Address	7120 doreey Run Rd, Elkridge, MD 21075	Street	186 E- Maracaibo Street
Pick-up Date		City, State	Newark, NJ
Dept	N/A	Zip Code	7114
Acct	N/A		

Number of Vehicles	Year / Make Description of Articles, Special Marks, and Exceptions	Model	Vehicle Identification Number
1	2002 Toyota	Highlander	JTEHF21A220088259

Shipping Instructions		For Shipping Use Only	
Check One	Payment	Method	Route
<input checked="" type="checkbox"/> Next Day	<input checked="" type="checkbox"/> Shipper	Dispatch Date	12/05/11
<input type="checkbox"/> Second Day	<input type="checkbox"/> Recipient	Bill No.	2032
<input type="checkbox"/> Routine	<input type="checkbox"/> Third Party	Ship. Cost	
	<input type="checkbox"/> COD Amt Due		
Delivered by		Pick up Date	
Received by		Date	12/08/11
		# Vehicles	1

COMMENTS

*rain weather  
car placed at  
night time*

PICK-UP

DATE

DROP-OFF

DATE

SIGNATURE

SIGNATURE

PRINT NAME

PRINT NAME

DRIVER

ALEX VINCENT



**CARRIER INFORMATION****Carrier:** American Best Care Transportation LLC377 South Harrison St #9K  
east orange, NJ 07018**MC Number:** 748056**Driver:** Alex**Driver Phone:** 9735681198**Order ID:** 8259**Contact:** Caroline**Phone:** 917-288-6649**Phone 2:** 973-568-1198**Fax:** 862-252-7844**Dispatch Sheet**

Powered by

**CentralDispatch****Makmal North America**

92 Dovetail Drive

richmond hill, ON L4E 5A7

**Co. Phone:** 416-840-5849**Dispatch Info****Contact:** Valentina Shevchik**Phone:** 716-406-8863**Fax:** 647-435-5876**ORDER INFORMATION****Dispatch Date:** 12/06/2011**Pickup Estimated:** 12/13/2011**Delivery Estimated:** 12/13/2011**Ship Via:** Open**Condition:** Operable**Price Listed:** \$175.00**Total Payment to Carrier:** \$200.00**On Delivery to Carrier:** None**Company\* owes Carrier:** \$200.00

Makmal North America agrees to pay American Best Care Transportation LLC \$200.00 within 10 business days of receiving a signed Bill of Lading. Payment will be made with Company Check.

\*The company (broker, dealer, auction, rental company, etc.) that originated this dispatch sheet.

**VEHICLE INFORMATION**

1 2002 toyota Highlander Type: SUV Color: Plate: VIN: Lot #:

**Total Vehicles:** 1**PICKUP INFORMATION****Name:** \*CONTACT DISPATCHER\* (Manheim Baltimore-Washington)

7120 Dorsey Run Rd Elkridge, MD 21075

elkridge, MD 21075

**Phone:** 410) 796-8899**DELIVERY INFORMATION****Name:** \*CONTACT DISPATCHER\* (tt international)

196-E MARACAIBO STREET, NEWARK, NJ 07114

newark, NJ

**Phone:** 917-288-6649**DISPATCH INSTRUCTIONS**

billing. vin is JTEHF21A220088259. the gate pass is under makmal north america co. please send an invoice and a bill of lading once the car is delivered.

This should be picked up within 2 days of 12/13/2011. This should be delivered within 2 days of 12/13/2011.

PLEASE GIVE THE CUSTOMER AT LEAST A 24 HOUR NOTICE FOR PICKUP AND DELIVERY. PLEASE DO A THOROUGH INSPECTION OF THE VEHICLE ON PICKUP.

Authority to transport this vehicle is hereby assigned to American Best Care Transportation LLC. By accepting this agreement American Best Care Transportation LLC certifies that it has the proper legal authority and Insurance to carry the above described vehicle, only on trucks owned by American Best Care Transportation LLC. All invoices must be accompanied by a signed delivery receipt and faxed to Makmal North America. The above agreed upon price includes any and all surcharges.

The agreement between American Best Care Transportation LLC and Makmal North America, as described in this dispatch sheet, is solely between American Best Care Transportation LLC and Makmal North America. 1st Auto Transport Directory, Inc./CentralDispatch.com is not a party to such agreement, has no obligation under such agreement and expressly disclaims all liability whatsoever arising out of, or in connection with such agreement.

CD reference # 3574601