Invoice

K & T Logistics

Send payment to:

DATE: 02/26/09

P.O. Box 15264 Humble, TX. 77347 Phone 281-741-4200 Fax 281-271-8403

Wiltztam@aol.com

BILL Makmal North America

92 Dovetail Drive

Richmond Hill, ON L4E 5A7

COMMENTS ORDER ID 039222

Pick Up

Metairie, LA

DROP OFF Miami, FL

DATE	DESCRIPTION			BALANCE	AMOUNT
	2005 VW Touareg			300.00	
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CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	AMOUNT DU
					9 300.00
				+	

Make all checks payable to: K & T Logistics P.O. Box15264 Humble, TX. 77347

THANK YOU FOR YOUR BUSINESS!

2812718403

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CentralDispatch: View Dispatch

View Dispatch

Dispatch Sheet

Order ID: 039222

Makmal North America

92 Dovetail Drive

richmond hill, ON L4E 5A7

Powered by

Central Dispatch

Company Phone: 416-840-5849 Dispatch Contact: Valentina Shevchik Dispatch Phone: 416-834-9505

Dispatch Fax : 647-435-5876

Carrier Information

:039222 Order ID

: K&T Logistics Carrier Address : PO Box 15264

Dispatch Date: 02/24/2009

Est. Pickup : 02/25/2009

Est. Delivery : 03/02/2009

: humble, TX 77347-5264

MC Number: 604276

Contact : Ken Wiltz Phone (1) : 281-779-6937

: 281-779-6937 Phone (2) Phone (Fax) :281-271-8403

Phone (Cell): . .

: lavoris Driver Driver Phone: 2817796939

Order Information

Price Listed on CD : \$300.00

Carrier Pay (total) : \$300.00 Customer to Carrier: None

Company* to Carrier: \$300.00 :Yes Vehicles Run

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

Vehicle Information

Total Vehicles: -1-

Ship Via

05 vw touareg WVGZG77L35D039222

: Open

LOCALE:

Deliver To

LOCALE: CUSTOMER SPECIFIC : Ally/Malena Name Name : *CONTACT DISPATCHER*

Company: Autoloaders Company: WALKER VW-LA : 8730 NW 36 Ave, Suite A

Street :8933 VETERANS BOULEVARD Street

Street 2 Street 2 :

Pickup From

City, State: miami, FL City, State: metairie, LA Zip Code : 33147 Zip Code : 70003 Country : United States
Phone 1 : 3058885270 Country : United States :3058885270

Phone 1 : 504 4644004 Phone 1 Phone 2 Phone 2 Cell

Cell **Dispatch Instructions**

Receiving hours: M-F 8 am to 4:30 pm

Please send signed Bill of Lading and Invoice once the vehicle is delivered, fax 647.435.5876.

Thank you, Valentina

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

Authority to transport this vehicle is hereby assigned to K&T Logistics. By accepting this agreement K&T Logistics have the proper legal authority and insurance to carry the above described vehicle, only on trucks owned by K&T La invoices must be accompanied by a signed delivery receipt and faxed to Makmal North America. The above agree includes any and all surcharges.

Notwithstanding anything to the contrary, the agreement between K&T Logistics and Makmal North America, as des dispatch sheet, is solely between K&T Logistics and Makmal North America. 1st Auto Transport Directory, Inc./Cent not a party to such agreement, has no obligation under such agreement and expressly disclaims all liability whatsoe in connection with such agreement.

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P.O. Box 15264 Humble, Tx. 77347 Phone #(281) 741-4200 Fax # (281) 271-8403

STRAIGITT BILL OF LADING

Pick Up Driver Truck No. Delivery Driver Truck No.

K&I Logisty at 893	is received, subject to the cla	issacations and tarritis in effect on (Date)	the date of the issue of this Bill of	om 8 <i>933</i> (retens Melair	ie la
the property desc agrees to carry to	its usual place of delivery at said o	er, except as noted a contents and condition destination if on its own railroad, water hi	n: of corneins of packages unkown), man ne, highway route or routes, or within the	ked, consigned destined as show a territory of its highway operati	on below which A & ions, otherwise to deliv	T LOGISTICS er to another carrier on the route to
rad -water shipm	ent, or (2) in the applicable motor	rrier of all or any conditions of the Unifor carrier classification or tariff if this is a n glassification or tariff which governs the	notor carrier shipment. Shipper hereby e	ertifies that he/she is familiar w	vith all the terms and o	conditions of the said pill of lading.
Consigne	ed To:	o loaders				
Street Ac	$_{\rm ddress}$ $S7$	30 NW 3	6 Ave 5	vite A		Rate \$
	MiAmí	······································	1 Zip 33147			C.O.D C.O.P
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No. autos	Year/Ma	ake/Model	Vin #	Color	Plate	ismetelfégterda che sväldega.
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						Shipper Consignee Received S to apply
						Received S to apply in prepayment of the charges on the property described heron.
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			·	per		Check#
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B-Brok		Code	Identification Chart			M-Missing
C- Crac	eked					T- Torn
D- Den S- Scra	tched					W- Worn
R- Rust				1 300 0		5
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