

LUDE AUTO TRANSPORT

P.O. BOX 700065
Miami, FL 33170-0065
(786) 210-1654

| | | | |
|---------------------------------|----------------|--------------|--------|
| DATE 1/17/10 | TIME 1 PM | TOWEL STREET | TOWEL |
| ADDRESS Makmal North America | | | |
| 92 DOUGLASS DRIVE | | | |
| CITY Richmond Hill | STATE ON | ZIP | |
| LOCATION OF VEHICLE | | | |
| YEAR MAKE MODEL | | COLOR | DRIVER |
| STATE | LIC. PLATE NO. | TOWEL | |

| MI/AGE | SERVICE TIME | EXTRA PERSON |
|--------|--------------|--------------|
| PAID | PAID | PAID |
| START | START | START |
| TOTAL | TOTAL | TOTAL |

DESCRIPTION OF WORK**AMOUNT**

2005 Lexus GX470 Vin# 094068

70

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TYPE OF TOW | TOWED PER ORDER OF | REASON FOR TOW |
| <input type="checkbox"/> SLING/HOIST TOW <input type="checkbox"/> FLAT BED/RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____ | <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER <input type="checkbox"/> DEALER | <input type="checkbox"/> Accident <input type="checkbox"/> Abandoned <input type="checkbox"/> No Start <input type="checkbox"/> Flat Tire <input type="checkbox"/> Lock Out <input type="checkbox"/> Tow Zone <input type="checkbox"/> Stolen <input type="checkbox"/> Snow Removal <input type="checkbox"/> Breakdown <input type="checkbox"/> Unregistered <input type="checkbox"/> Out Of Gas <input type="checkbox"/> Fire Lane <input type="checkbox"/> No Trespass <input type="checkbox"/> Arrest <input type="checkbox"/> Impounded <input type="checkbox"/> _____ |

TOWING CHARGE

MI/AGE

SERVICE TIME

EXTRA PERSON

SPECIAL EQUIPMENT

STORAGE

SECOND TOW

SUB-TOTAL

TAX

TOTAL

70

STORAGE FROM

TO _____ DAYS @ \$

VEHICLE TOWED TO

FIRST TOW

SECOND TOW

RELEASE TO SALVAGE**CONDITION OF VEHICLE:**

VEHICLE

DATE

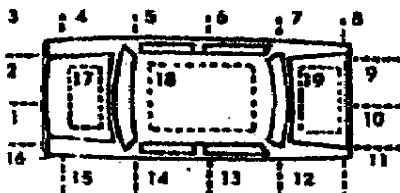
TIME

KEYS LEFT

Y N

RADIO

Y N

**REMARKS**

Order To
4068

DAMAGE RELEASE

Customer's own risk for damage and loss of title - steering - damage caused by faulty tires - personal property left in vehicle - towing company and not be held responsible prior vehicle has been dropped

METHOD OF PAYMENT

CASH

CHECK

DRIVER LIC # _____



EXP DATE _____

SIGNATURE

647-435-5876

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| | | | | |
|----------------------------------|--------------------|-------------------|--------------------|-------|
| DATE <i>1/16/12</i> | TIME <i>ATC</i> | YAM <i>YBM</i> | INQUIRED BY | PHONE |
| ADDRESS <i>1901 SW 31 AVE</i> | | | | |
| CITY <i>Pembroke Park</i> | | | STATE <i>FL</i> | ZIP |

| | | | |
|---------|--------------|--------------|---------------------|
| MILEAGE | SERVICE TIME | EXTRA PERSON | LOCATION OF VEHICLE |
| FROM | FROM | FROM | |
| TO | TO | TO | |
| YEAR | MAKE | MODEL | ORDER |
| STATE | LIC PLATE NO | TYPE | |

DESCRIPTION OF WORK**AMOUNT**

2005 Lexus GX470 Vin# 094068

Maxim North America Co

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TYPE OF TOW | TOWED PER ORDER OF | REASON FOR TOW |
| <input type="checkbox"/> SLING-HOIST TOW <input type="checkbox"/> FLAT BED RAMP <input type="checkbox"/> WHEEL LIFT <input type="checkbox"/> _____ | <input type="checkbox"/> STATE POLICE <input type="checkbox"/> LOCAL POLICE <input type="checkbox"/> OWNER <input type="checkbox"/> DEALER | <input type="checkbox"/> Accident <input type="checkbox"/> Abandoned <input type="checkbox"/> No Start <input type="checkbox"/> Flat Tire <input type="checkbox"/> Lock Out <input type="checkbox"/> Tow Zone <input type="checkbox"/> Stolen <input type="checkbox"/> Snow Removal <input type="checkbox"/> Breakdown <input type="checkbox"/> Unregistered <input type="checkbox"/> Out Of Gas <input type="checkbox"/> Fire Lane <input type="checkbox"/> No Trespass <input type="checkbox"/> Arrest <input type="checkbox"/> Impounded |

STORAGE FROM _____ **TO** _____ **DAYS @ \$** _____

VEHICLE TOWED TO

FIRST TOW _____

SECOND TOW _____

RELEASE TO SALVAGE**CONDITION OF VEHICLE:**

TOWING COMPANY NAME _____

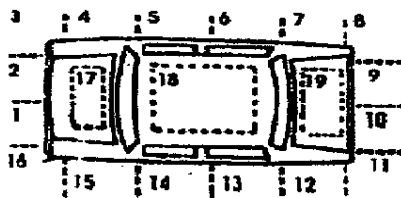
TOWING RATE _____

KEYS LEFT

Y N

RADIO

Y N

**REMARKS**

*NO
Title -
Keys - yes*

TOWING CHARGE**MILEAGE****SERVICE TIME****EXTRA PERSON****SPECIAL EQUIPMENT****STORAGE****SECOND TOW****SUB-TOTAL****TAX****TOTAL****DAMAGE RELEASE**

Customer's own risk for damage and loss of steering - damage caused by faulty tires - personal property left in vehicle. Towing company and not be held responsible for vehicle has been dropped

METHOD OF PAYMENT

CASH

CHECK

CREDIT CARD



EXP DATE

SIGNATURE

1445

Thank You