

EMPIRE AUTO TRANSPORTATION GROUP

Invoice

INVOICE #

05/25/2011

9664

DATE

TERMS

10 BUSINESS DA

06/04/2011

POB 417
SYRACUSE, NY 13209

(315)488-2523
EMPIRE120@GMAIL.COM

EMPIRE AUTO TRANSPORTATION GROUP

BILL TO

MAKMAL NORTH AMERICA
92 DOVETAIL DRIVE
RICHMOND HILL, ON L4E5A7

\$650.00

AMOUNT DUE ENCLOSED

Please detach top portion and return with your payment.

SHIP DATE

SHIP VIA

TRACKING #

05/20/2011

VICTOR

TRIP # 12

Date

Activity

Quantity

Rate

Amount

05/25/2011 2001 LEXUS GS300 VIN # 10135299 FROM IL TO NJ ORDER # 5299

1

300.00

300.00

05/25/2011 2002 LEXUS RX 300 VIN # 20237387 FROM IL TO NJ ORDER # 7387

1

350.00

350.00

SUBTOTAL

\$650.00

TAX (8%)

\$0.00

TOTAL


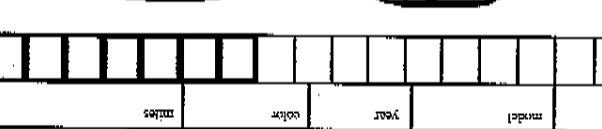

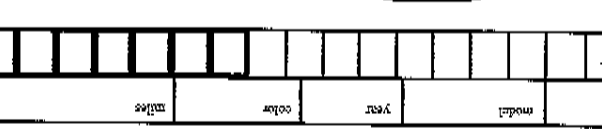

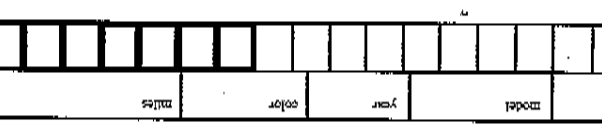

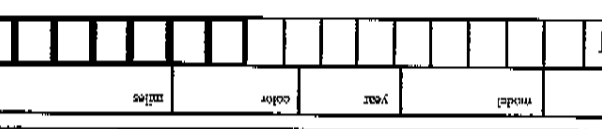



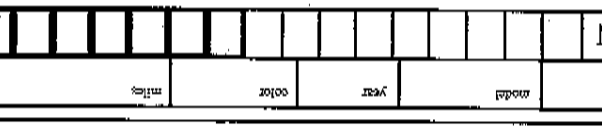

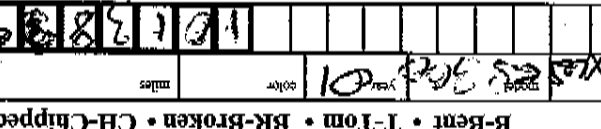

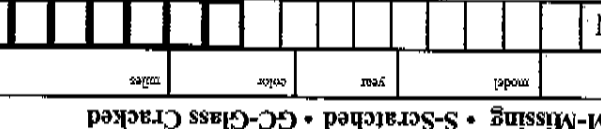
\$650.00

RECEIVER SUBJECT TO TERMS ON REVERSE

Driver Signature _____ Receiver _____ Date 08/27/08

☐ No Transit Damage ☐ Transit Damage as follows:

Damages which occurred in transit must be noted here and signed for by dealer and driver

Original Inspection		Shipper	
Driver Signature _____		Date _____	
<p>Origin: _____ Street: _____ City: _____ State: <u>IL</u> Tel: (____) _____ Contact: _____</p>		<p>Origin: <u>TRT MAR MOL N.A</u> Street: <u>196 E MARACIBO ST</u> City: <u>NEWARK</u> State: <u>NJ</u> Tel: (____) _____ Contact: _____</p>	
<p>Notes: _____</p>   <p>Make _____ model _____ year _____ color _____ miles _____</p> <p>VIN _____</p>		<p>Notes: _____</p>   <p>Make _____ model _____ year _____ color _____ miles _____</p> <p>VIN _____</p>	
<p>Notes: _____</p>   <p>Make _____ model _____ year _____ color _____ miles _____</p> <p>VIN _____</p>		<p>Notes: _____</p>   <p>Make _____ model _____ year _____ color _____ miles _____</p> <p>VIN _____</p>	
<p>Notes: _____</p>   <p>Make <u>LEANC RX200</u> model <u>year 01</u> color _____ miles _____</p> <p>VIN <u>20937309</u></p>		<p>Notes: _____</p>   <p>Make _____ model _____ year _____ color _____ miles _____</p> <p>VIN _____</p>	
<p>Notes: _____</p>   <p>Make <u>LEANC RX200</u> model <u>year 01</u> color _____ miles _____</p> <p>VIN <u>10138399</u></p>		<p>Notes: _____</p>   <p>Make _____ model _____ year _____ color _____ miles _____</p> <p>VIN _____</p>	

B-Bent • T-Tom • BR-Broken • CH-Chipped • D-Dent • M-Missing • S-Scratched • GC-Glass Cracked

BILL OF LANDING AND INSPECTION REPORT

PHONE: 315.254.5741 FAX 315.488.2593
POB 417 SYRACUSE, NY 13209

EMPIRE AUTO TRANSPORTATION GROUP

Check#: _____
C.O.D.S. _____
Delivery Date: _____
ICC#539721-C

Freight _____
Bill no. _____
Truck# 744
Driver: Victor

14 Joice