



# Dispatch Sheet



**Makmal North America**

92 Dovefall 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 ID: 9006

## CARRIER INFORMATION

Carrier: Ground Force One

Contact: Nancy Gullion

Phone: 215-245-6111

Phone 2: 215-284-0448 Albert

Fax: 215-245-7111

MC Number: 711672

bensalem, PA 19020

2522 State Rd #100

## ORDER INFORMATION

Dispatch Date: 01/27/2012

Pickup Estimated: 01/28/2012

Delivery Estimated: 01/30/2012

On Delivery to Carrier: None

Total Payment to Carrier: \$500.00

Price Listed: \$450.00

Makmal North America agrees to pay Ground Force One \$500.00 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 2003 Mitsubishi Montero Type: SUV Color: Plate: VIN: Lot #:

## DELIVERY INFORMATION

Name: \*CONTACT DISPATCHER\* (if international)

250 port street

newark, NJ

Phone: + 1 (973) 344-7100

Phone: (251) 338-7653

mobile, AL

3030 McVay Drive North

AUCTION - MOBILE

Name: \*CONTACT DISPATCHER\* (DEALER'S AUTO

## PICKUP INFORMATION

**DISPATCH INSTRUCTIONS**  
Billing VIN JA4NW5T593J029006. Gate Pass is under Makmal North America Co. Please send signed Bill of Lading and Invoice once the vehicle is delivered.  
This should be picked up within 2 days of 01/28/2012. This should be delivered within 2 days of 01/30/2012.

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 Ground Force One. By accepting this agreement Ground Force One certifies that it has the proper legal authority and insurance to carry the above described vehicle, only on trucks owned by Ground Force One. 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 Ground Force One and Makmal North America, as described in this dispatch sheet, is solely between Ground Force One 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.

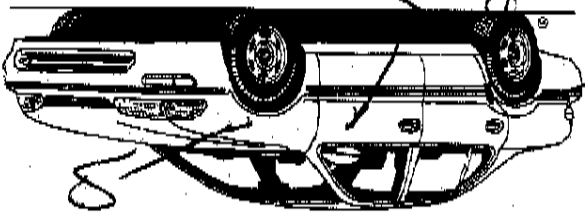
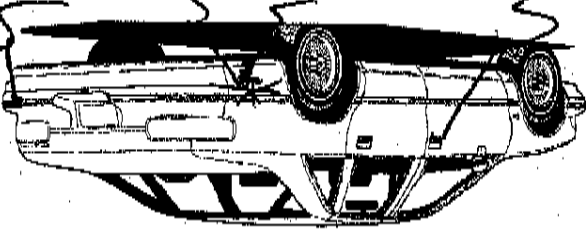
CD reference # 3772314

# GROUND FORCE ONE, INC.

2522 State Road, Suite 100 • Bensalem, PA 19020  
 Office: (215) 245-6111 • Fax: (215) 245-7111  
 USDOT #2023815 - MC #711672  
 gforceoneusa@gmail.com

⑤

PICK UP FROM: <i>Wakmal North Phoenix</i>	NAME: <i>DAA</i>
DELIVER TO: <i>TRT International</i>	NAME:
ADDRESS: <i>3030 McVay Dr</i>	ADDRESS: <i>850 Port St</i>
CITY & STATE: <i>N. Mojave, AZ</i>	CITY & STATE: <i>Newark, NJ</i>
PHONE: <i>851-338-7653</i>	PHONE:

YEAR: <i>2003</i>	MAKE: <i>Kia</i>	MODEL: <i>Montero</i>	VIN #: <i>41029005</i>
			
			
B-Bent BB-Buffer Burned BR-Broken C-Cut CR-Cracked D-Dented F-Faded FF-Foreign Fluid L-Loose M-Missing PC-Paint Chip R-Rubbed RU-Rust S-Scratched SS-Surface Scratch ST-Stained T-Torn		PAYMENT DUE:	
Vehicle Runs: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Title: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Keys: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Too dirty for proper inspection <input type="checkbox"/> Inspected during the night <input type="checkbox"/> Rainy <input type="checkbox"/> Snowy <input type="checkbox"/>	

REMARKS: <i>No major scratches or damage</i>
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\*NOTE - No claims will be honored unless noted on this Bill of Lading at time of delivery  
 Driver's Signature: \_\_\_\_\_  
 Date: *1/30/12*

\*\*\*Shipper agrees to terms and conditions printed on reverse\*\*\*  
 \*\*\*There is a 5% surcharge for all credit card payments\*\*\*

Pick up Sign: _____	Print name: _____
Delivery Sign: _____	Print name: _____
Date: _____	Date: _____