

Car Coach

P. O. Box 3067

Elizabeth, NJ 07207

Tel: 732-428-4500

Fax: 732-669-7428

Bill to:

Makmal North America
92 Dovetail Drive
Richmond Hill, ON L4E 5A7

Date: 07/29/2011	Load#: 4051
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Payment Terms:	10 Days
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[illegible]

"We appreciate your business and look forward to working with you in the future."

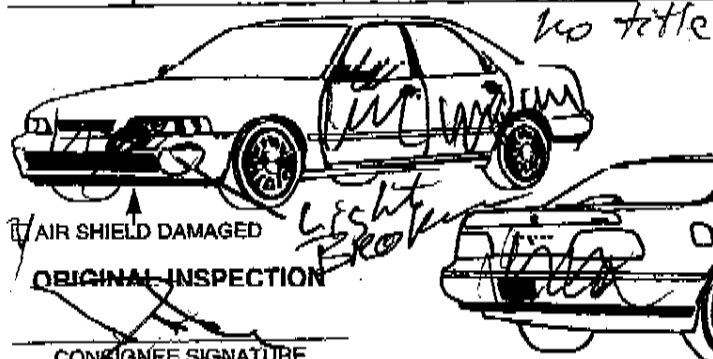
UNIFORM BILL OF LADING CONDITION REPORT

Car Coach
PO Box 3067
Elizabeth, NJ 07207

US DOT 440563 ICC MC202949
5215 N. Lehigh Gorge Rd. • White Haven, PA 18081
(5/0) 443-8224 • FAX (5/0) 443-8124

Consignee MAX MAC Street _____ City _____ St. _____ Phone _____
Customer Name _____ Acct # _____ Stock # _____

YEAR	MAKE	MODEL	TRIM	DOORS	BODY TYPE	EXT. COLOR	INT. COLOR	MILEAGE	O.D.M.T. METER	
05	REX	330		4	<input type="checkbox"/> CP <input type="checkbox"/> SU <input type="checkbox"/> SD <input type="checkbox"/> WO <input type="checkbox"/> HB <input type="checkbox"/> VAN	Gold	Gold		<input type="checkbox"/> O.D.M.T. METER <input type="checkbox"/> O.D.M.T. BROKEN <input type="checkbox"/> U.T.M. U.N.A.M.	
VIN, SERIAL NUMBER					RADIO		TIMING		MISHING	
064051					<input type="checkbox"/> AM/FM <input type="checkbox"/> STEREO <input type="checkbox"/> W/C D <input type="checkbox"/> W/C D CHG <input type="checkbox"/> STANDBY		<input type="checkbox"/> W/TAPE <input type="checkbox"/> CD CART		<input type="checkbox"/> REMOTE KEY: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> TRUNK KEY: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> KEYLESS ENTRY <input type="checkbox"/>	
OVERALL CONDITION					LICENSE PLATE		EXTERIOR		PHONE	
<input type="checkbox"/> CLEAN <input type="checkbox"/> DIRTY <input type="checkbox"/> DENTED <input type="checkbox"/> DAMAGED					STATE _____		<input type="checkbox"/> SPOILER <input type="checkbox"/> CUSTOM WHEELS <input type="checkbox"/> NON-FACTORY		<input type="checkbox"/> TOW PACKAGE <input type="checkbox"/> RUNNING BOARD <input type="checkbox"/> FACTORY	



ORIGINAL INSPECTION
CONSIGNEE SIGNATURE _____
DRIVER SIGNATURE _____
DATE 8-1-11

WEATHER CONDITION AT TIME OF INSPECTION

☐ RAIN ☐ SNOW ☐ ICE ☐ EXT. DIRTY

FRAME/UNIBODY ☐ DAMAGE LOCATION _____

TIE DOWNS ☐ DAMAGE LOCATION _____

DAMAGE LEGEND				PREV. REPAIR
SCRT	DING	DENT	DAMG	PR

DAMAGES MUST BE MARKED AS THEY APPEAR ON VEHICLE.

GLASS				
	CHIPPED	CRACKED	BROKEN	
WINDSHIELD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WINDOW	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

TIRE				
TIMES TREAD DEPTH REMAINING				
(Circles if less than 1/8")				
	GOOD	FAIR	POOR	MISMATCH
LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ SPARE ☐ JACK ☐ MISSING
☐ WHEEL COVERS ☐ ALUM. WHEELS
☐ NONE ☐ MISSING

✓ DAMAGE DESCRIPTION						
(✓) APPROPRIATE BLOCK						
AREA	OK	SCRT	DING	DENT	DAMG	PREV. REPAIR
Front Bumper						
Grill						
Hood						
LF Fender						
LF Door						
LR Door						
L Rocker Panel						
Left Wtr. Panel						
Deck Lid						
Rear Bumper						
R. Qtr. Panel						
RR Door						
RF Door						
R Rocker Panel						
RF Fender						
Roof						

✓ INTERIOR CONDITION							
DASH	<input type="checkbox"/> GOOD	<input type="checkbox"/> WORN	<input type="checkbox"/> DAMAGED	<input type="checkbox"/> STAINED	<input type="checkbox"/> MISSING		
FRONT CARPET	<input type="checkbox"/> GOOD	<input type="checkbox"/> WORN	<input type="checkbox"/> BURN HOLES	<input type="checkbox"/> STAINED	<input type="checkbox"/> MISSING		
FRONT SEAT	<input type="checkbox"/> GOOD	<input type="checkbox"/> WORN	<input type="checkbox"/> BURN HOLES	<input type="checkbox"/> STAINED	<input type="checkbox"/> MISSING		
HEADLINER	<input type="checkbox"/> GOOD	<input type="checkbox"/> TORN	<input type="checkbox"/> BURN HOLES	<input type="checkbox"/> STAINED	<input type="checkbox"/> MISSING		
REAR CARPET	<input type="checkbox"/> GOOD	<input type="checkbox"/> TORN	<input type="checkbox"/> BURN HOLES	<input type="checkbox"/> STAINED	<input type="checkbox"/> MISSING		
REAR SEAT	<input type="checkbox"/> GOOD	<input type="checkbox"/> TORN	<input type="checkbox"/> BURN HOLES	<input type="checkbox"/> STAINED	<input type="checkbox"/> MISSING		
FLOOR MATS	<input type="checkbox"/> GOOD	<input type="checkbox"/> TORN	<input type="checkbox"/> BURN HOLES	<input type="checkbox"/> STAINED	<input type="checkbox"/> MISSING		
DOOR PANELS	<input type="checkbox"/> GOOD	<input type="checkbox"/> TORN	<input type="checkbox"/> BURN HOLES	<input type="checkbox"/> STAINED	<input type="checkbox"/> DAMAGED		

DELIVER TO: _____ Date 8-1-11
 NAME TRT
 STREET _____
 CITY Princeton STATE NJ ZIP _____
 Ph. _____ PHONE _____

FINAL INSPECTION	
DAMAGES WHICH OCCURRED IN TRANSIT MUST BE NOTED HERE AND SIGNED FOR BY RECEIVING AGENT AND DRIVER. (NO EXCEPTIONS)	
<input type="checkbox"/> No Transit Damage <input type="checkbox"/> Vehicle Dropped S.T.I.: <input type="checkbox"/> Transit Damage as follows:	
Receiving Agent Signature <u>x IGOR</u>	Driver Signature <u>ARTE</u>

NOTE: Drivers who deliver vehicles without obtaining the signature of the receiving agent, may be held totally responsible for all alleged claims regardless of merit. To protect yourself you must obtain receiving agent's signature on this final inspection.

NOTE: T.J. MCGEEHAN WILL NOT BE LIABLE FOR THE FOLLOWING: Damage caused by open carrier, leaking fluid battery acids, cooling system anti-freeze or failure resulting from Acts of God. Damage unable to detect due to auto's dirty mechanical functions, under carriage, exhaust assembly, alignment, and suspension. Inspection of these items is not practical at time of shipment.