

U. A. Express
 130 Reading Road
 East Earl, PA 17519

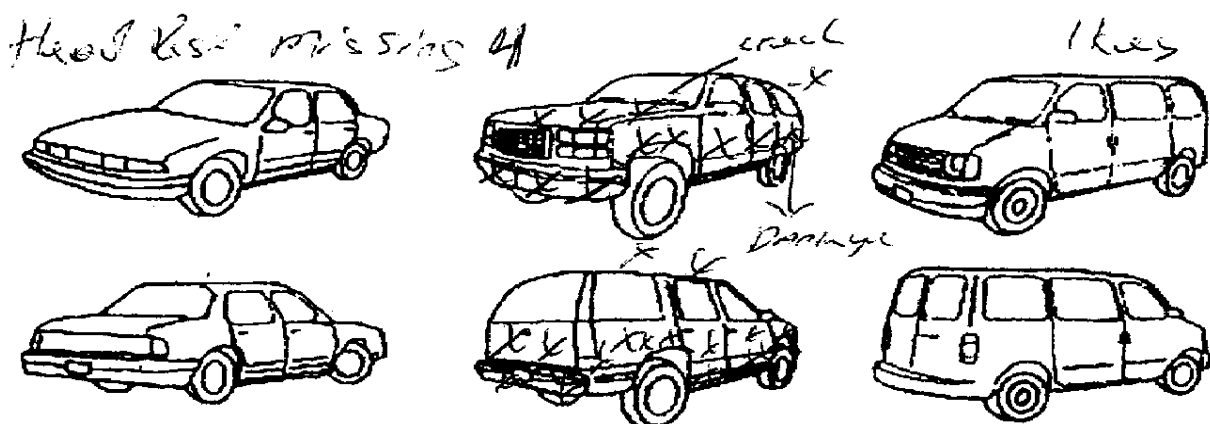
Phone: 717-271-1066
 Fax: 717-445-8250

MC# 722680

Bill of Lading

PICKUP DATE _____
 TIME _____

ORIGIN		DESTINATION	
CUSTOMER NAME		CUSTOMER NAME <i>TRT</i>	
ADDRESS <i>2400 Eastgate Blvd</i>		ADDRESS <i>250 Port St</i>	
CITY <i>mt Solist TN</i>	STATE, ZIP	CITY <i>Newark NJ</i>	STATE, ZIP
CONTACT PERSON:		TELEPHONE#	VIN: <i>442052913</i>
MAKE <i>Toyota</i>	MODEL <i>LANCER</i>	YEAR: <i>2004</i>	MILEAGE:
CONDITION OF INTERIOR: <i>MAXIMAL North America</i>			



Vehicle Condition at Origin: *[Signature]* DRIVER'S SIGNATURE \$ _____ C.O.D.

During transport vehicles and vehicle equipment may cease to operate properly through no fault of the transporter. The transporter will be responsible for damage directly caused by the driver. The transporter WILL NOT be responsible for damage NOT caused by the driver.

<p>ORIGIN</p> <p>I agree with the driver's assessment of the condition of this vehicle. I leave the transporter of the responsibility for any contents left in the vehicle.</p>	<p>This space is for DESTINATION exceptions by customer</p>
<p>PRINTED NAME</p>	<p>This vehicle is received in good condition, except as noted above, thereby releasing the transporter from any further claims.</p> <p><i>IGOR</i></p>
<p>CUSTOMER'S SIGNATURE</p> <p>I have read and understand the terms and conditions on the reverse side of this form. I agree to be bound by terms and conditions.</p>	<p>PRINTED NAME <i>12/8/11</i></p> <p>CUSTOMER'S SIGNATURE</p>
<p>CUSTOMER'S SIGNATURE</p>	<p>DRIVER'S SIGNATURE</p> <p>DELIVERY DATE: TIME:</p>

