

EMPIRE AUTO TRANSPORTATION GROUP

EMPIRE AUTO TRANSPORTATION GROUP

POB 417
SYRACUSE, NY 13209

(315)488-2523
EMPIRE120@GMAIL.COM

Date	Invoice #
05/23/2012	11767
Terms	Due Date
5 BUSINESS DAY	05/28/2012

Amount Due	Enclosed
\$350.00	

Please detach top portion and return with your payment.

Ship Date	Ship Via	Tracking #
05/16/2012	VIAD K	TRIP # 10

Date	Activity	Quantity	Rate	Amount
05/23/2012	2005 LEXUS RX330 VIN # 5C067672 FROM WI TO NJ ORDER # 7672	1	350.00	350.00

SubTotal	\$350.00
Tax (8%)	\$0.00
Total	\$350.00

EMPIRE AUTO TRANSPORTATION GROUP

POB 417 SYRACUSE, NY 13209
PHONE : 315.254.5741 FAX 315.488.2595

BILL OF LANDING AND INSPECTION REPORT

Freight Bill no.
Truck#
Driver

3700

MAVERICK
SOBEX
11/10/02

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

<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>
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<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>
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<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>
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<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>
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<p>Origin: <u>TRT for MakMal</u> Street: <u>Newark</u> State: <u>NJ</u> City: <u>Newark</u> Tel: () _____ Contact: _____</p>	<p>Origin: <u>Metrol Milwaukee</u> Street: <u>Caladonia</u> State: <u>WI</u> City: <u>Caladonia</u> Tel: () _____ Contact: _____</p>
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Original Inspection	Driver Signature _____	Shipper _____	Date <u>5-15-12</u>
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<p>Final Inspection</p> <p>Damages which occurred in transit must be noted here and signed for by dealer and driver</p> <p><input type="checkbox"/> No Transit Damage <input type="checkbox"/> Transit Damage as follows: _____</p>		<p>Receiver _____</p> <p>Date <u>5/16/12</u></p>
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RECEIVER SUBJECT TO TERMS ON REVERSE