

FAX

Date: 11/5/2010**Pages including cover sheet:** 3

To:	
Phone	
Fax Number	+1 (647) 435-5876

From:	Robin Leal
	2615 w 64 street
	hialeah
	FL 33016
Phone	+1 (786) 298-6349
Fax Number	(305) 517-3711

NOTE:

TOTAL	\$ 100
COD	<input type="checkbox"/>
BILLING	<input type="checkbox"/>
CHECK	<input type="checkbox"/>

DATE	11/11/10
SHIPPER'S SIGNATURE	<i>[Signature]</i>
RECEIVER'S SIGNATURE	<i>[Signature]</i>
DRIVER	

Inspection completed by: *[Signature]*

THE LIABILITY OF THE FAMILY AUTOTRANSFERT, CORP. TO OWNER IS EXPRESSLY LIMITED TO THE COST OF THE LINE Haul IN NO CASE SHALL THE FAMILY AUTOTRANSFERT, CORP. BE LIABLE FOR CONSEQUENTIAL INCIDENTAL OR SPECIAL DAMAGES.

Any damages must be reported immediately

UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE

ALL SHIPMENTS ARE CASH ON DELIVERY MONEY ORDER OR CASHIERS CHECKS.

Notes:

THE TRANSPORTER IS NOT LIABLE FOR MECHANICAL CONDITION, INTERIOR AND ANY PERSONAL ITEMS IN THE VEHICLE.

AUTOMOBILES ARE DESIGNED FOR ROAD USE AND MAY ACQUIRE SMALL SCRATCHES, SCUFFS, DENTS OR ABRASIONS. THE TRANSPORTER, AS A CARRIER, CANNOT BE LIABLE FOR MINOR DAMAGE OF THIS NATURE, WHICH IS CONSIDERED TO BE THE RESULT OF NATURAL WEAR AND TEAR. THIS INSPECTION REPRESENTS A GENERAL OVERALL CONDITION AND IS NOT ALL-INCLUSIVE.

☐ AUTO HAS VARIOUS CHIPS IN THE WINDSHIELD (CHIPS MAY RESULT IN CRACKS)

CUSTOMER INITIALS: _____

STAINED
SURFACE SCRATCH
SOILED
SCRATCHED
RUST
RUBBED
PAINT CHIP
PITTED
MISSING
LOOSE
FOREIGN FLUID
FADED
DENTED
CRACKED
CUT
BROKEN
BURNED
BENT

CODES: 6881/6166

ORDER# YEAR 00 MAKE LEXUS MODEL LX300 VIN (LAST 6) 375HFI0US10166166

MISSING

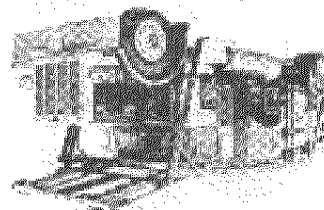
5/10

STRAIGHT BILL OF LADING

Not Negotiable Received, subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading.

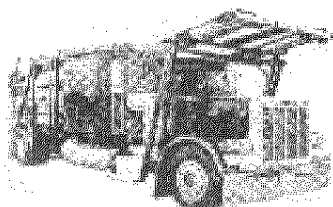
5781 NW 191 TERR MIAMI, FL 33015
Ph: 305-331-2495 • Fax: 305-621-9158

THE FAMILY AUTOTRANSFERT, CORP.



PHONE:	
CITY, STATE:	MIAMI, FL
STREET:	
DESTINATION:	ATL 60066

PHONE:	
CITY, STATE:	MIAMI, FL
STREET:	
ORIGIN:	MIAMI



THE FAMILY AUTOTRANSPORT, CORP.

5781 NW 191 TERR MIAMI, FL 33015
Ph: 305-331-2495 • Fax: 305-621-9158

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Not Negotiable Received, subject to the classifications and tariffs in effect on the date of issue of this original Bill of Lading.

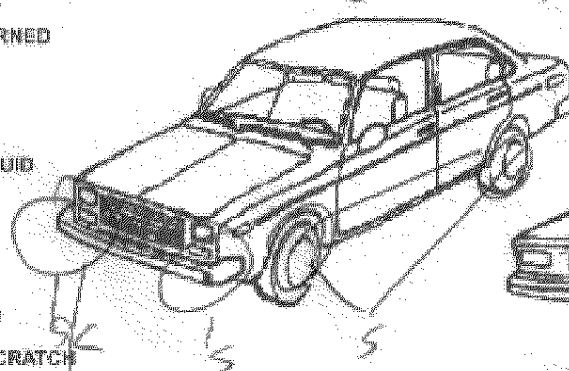
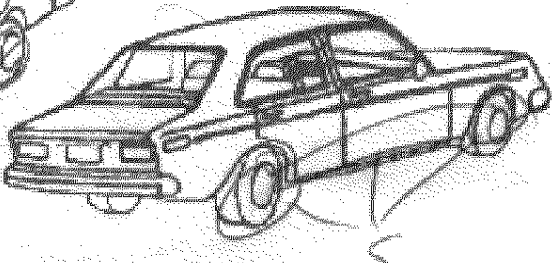
MAK MAL NORTH AMERICA

ORIGIN: MANHATTAN
STREET: _____
CITY, STATE: CARLAND, FL
PHONE: _____

DESTINATION: ATC Global
STREET: _____
CITY, STATE: Pembroke Park, FL
PHONE: _____

ORDER#	YEAR	MAKE	MODEL	VIN (LAST 8)
6881/6166		LEXUS	TOYOTA	JTEHT057532036881

CODES: 6881/6166 TOYOTA JTEHT057532036881
TOYOTA CAMO CRUISER

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CUSTOMER INITIALS _____

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Inspection completed by: Robin

Manhattan
SHIPPER'S SIGNATURE

DRIVER

11/4/10
RECEIVER'S SIGNATURE

DATE

DATE

☐ COD \$ _____
☐ BILLING \$ _____
☐ COMCHECK \$ _____
TOTAL \$ 100