

Date	Activity	Quantity	Rate	Amount
04/28/2009	2000 BMW X 5 VIN # YLH05736 FROM MN TO NJ ORDER # H05736	1	350.00	350.00
SUBTOTAL				\$350.00
TAX (8%)				\$0.00
TOTAL				\$350.00

Please detach top portion and return with your payment

AMOUNT DUE	\$350.00
ENCLOSED	

SENT TO

MAKMAL NORTH AMERICA
85 WEST WILMONT ST
RICHMOND HILL, ON L4B1K7

DATE	05/12/2009	TERMS	Due on receipt
INVOICE #	5481	DUE DATE	05/12/2009

(315)488-2523
EMPIRE120@GMAIL.COM

JB 417
SYRACUSE, NY 13209

EMPIRE AUTO TRANSPORTATION GROUP

EMPIRE AUTO TRANSPORTATION GROUP

Invoice

ICG#539721-C
Delivery Date:
C.O.D.S.
Check#:

EMPIRE AUTO TRANSPORTATION GROUP

POB 417 SYRACUSE, NY 13209
PHONE: 315.254.5741 FAX 800.576.1479

BILL OF LANDING AND INSPECTION REPORT

Freight
Bill no.
Truck#
Driver:

1A987

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

Make **Bmw** model **X5** year **05** color **White** miles **736**
VIN **WMLH05736**
Notes:

Make _____ model _____ year _____ color _____ miles _____
VIN _____
Notes:

Make _____ model _____ year _____ color _____ miles _____
VIN _____
Notes:

Make _____ model _____ year _____ color _____ miles _____
VIN _____
Notes:

Origin: **Minneapolis MN**
Street: _____
City: _____
State: _____
Tel: () _____
Contact: _____

Make _____ model _____ year _____ color _____ miles _____
VIN _____
Notes:

Make _____ model _____ year _____ color _____ miles _____
VIN _____
Notes:

Make _____ model _____ year _____ color _____ miles _____
VIN _____
Notes:

Make _____ model _____ year _____ color _____ miles _____
VIN _____
Notes:

Origin: **714 Division St**
Street: **NJ**
City: **North Am**
State: _____
Tel: () _____
Contact: _____

Original Inspection Driver Signature _____ Shipper _____ Date _____

FINAL INSPECTION

Damages which occurred in transit must be noted here and signed for by dealer and driver

☐ No Transit Damage ☐ Transit Damage as follows:

Driver Signature _____ Receiver _____

RECEIVER SUBJECT TO TERMS ON REVERSE
Date **04/28/09**