

ADL TRANSPORTATION
205 FLORENCE AVENUE
COLONIA, NJ 07067
TEL: 732-710-7469
FAX: 201-360-2810

FAX

To:	Makmal North America/ Accounts Payable	From:	Patrice
Fax:	647-435-5876	Pages:	4 Including coversheet
Phone:		Date:	8/1/08
Re:	Insurance Information	CC:	
<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review	<input type="checkbox"/> Please Comment	<input type="checkbox"/> Please Reply <input type="checkbox"/> Please Recycle

Comments:

Attached please find our invoice along with supporting paperwork. Please let me know if you need anything else.

Thanks,

Patrice

ADL Transportation, Inc.

ADL Transportation, Inc.
205 Florence Avenue
Colonia, NJ 07067

732-742-0187

Invoice

DATE	INVOICE #
07/31/2008	6720
TERMS	DUE DATE
Due on receipt	08/01/2008

BILL TO

Makmal North America
85 West Wilmot Street
Suite #4
Richmond Hill, ON L4B 1K7
Canada

AMOUNT DUE	ENCLOSED
\$250.00	

✂ Please detach top portion and return with your payment. ✂

Load Number

526880

Activity	Quantity	Rate	Amount
• 1 vehicle transported from Clifton Park, NY to Carlstadt, NJ • 2003 Acura MDX - VIN# 526880	1	250.00	250.00
Thank you for your business.			TOTAL \$250.00

CentralDispatch: View Dispatch

View Dispatch
Dispatch Sheet

Order ID: 526880

Makmal North America85 West Wilmot Street #4
richmond hill, ON L4B 1K7

Powered by

 CentralDispatch

Company Phone : 905-482-3258

Dispatch Contact: Valentina Shevchik

Dispatch Phone : 416-834-9505

Dispatch Fax : 647-435-5876

Carrier InformationOrder ID : 526880
Carrier : ADL Transportation
Address : 205 Florence Ave
City : colonia, NJ 07067
MC Number: 432091Contact : Anthony DeLuca or Patrice Brady
Phone (1) : 732-710-7469
Phone (2) : 732-710-7469
Phone (Fax) : 201-360-2810
Phone (Cell) :**Order Information**Dispatch Date : 07/25/2008
Est. Pickup : 07/28/2008
Est. Delivery : 07/29/2008
Ship Via : OpenPrice Listed on CD : \$250.00
Carrier Pay (total) : \$250.00
Customer to Carrier : None
Shipper to Carrier : \$250.00
Vehicles Run : Yes**Vehicle Information**

Total Vehicles: -1-

03 acura mdx 2HNYD18973H526880

Pickup FromLOCALE: CUSTOMER SPECIFIC
Name : *CONTACT SHIPPER*
Company : Manheim Albany
Street : 459 Route 146 /
Street 2 :
City, State : clifton park, NY
Zip Code : 12065
Country : United States
Phone 1 : (518) 371-7500
Phone 2 :
Cell :**Deliver To**LOCALE: CUSTOMER SPECIFIC
Name : *CONTACT SHIPPER*
Company : Diamond Express Inc
Street : 2 Avenue A
Street 2 :
City, State : carlstadt, NJ
Zip Code : 07072
Country : United States
Phone 1 : 201-438-0055
Phone 2 : 201-355-0556
Cell :**Dispatch Instructions**

Gate pass at the auction is under "Makmal North America".

Receiving hours: 24/7

Please send signed Bill of Lading and Invoice once the vehicle is delivered.

Thank you,
Valentina**PLEASE GIVE THE CUSTOMER AT LEAST A 24 HOUR NOTICE FOR PICKUP AND DELIVERY.
PLEASE DO A THOROUGH INSPECTION OF THE VEHICLE ON PICKUP.**

Authority to transport this vehicle is hereby assigned to ADL Transportation. By accepting this agreement ADL Transportation certifies that they have the proper legal authority and insurance to carry the above described vehicle, only on trucks owned by ADL Transportation. All invoices must be accompanied by a signed delivery receipt and faxed to Makmal North America. The above agreed upon price includes any and all surcharges.

Notwithstanding anything to the contrary, the agreement between ADL Transportation and Makmal North America, as described in this dispatch sheet, is solely between ADL Transportation and Makmal North America. 1st Auto Transport Directory, Inc./CentralDispatch.com is not a party to such agreement, has no obligation under such agreement and expressly disclaims all liability whatsoever arising out of, or in connection with such agreement.

CD reference # 191932

*Gate pass Confirmed
at Grand
Action*

UNIFORM BILL OF LADING
**CONDITION
REPORT**



Transportation, Inc.

US DOT 869054

MC432091

Colonia, NJ 07067

(732) 742-0187 • Fax: (732) 388-5946

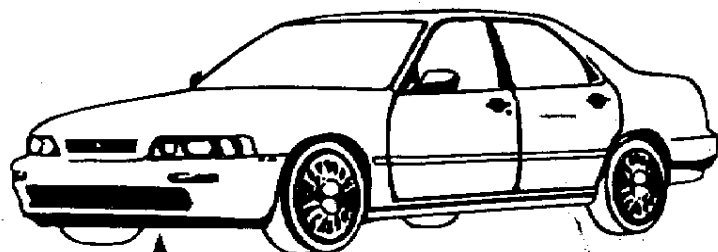
Pick Up Consignee MANHATTAN A/A Phone _____

Street _____ City Albany State NY

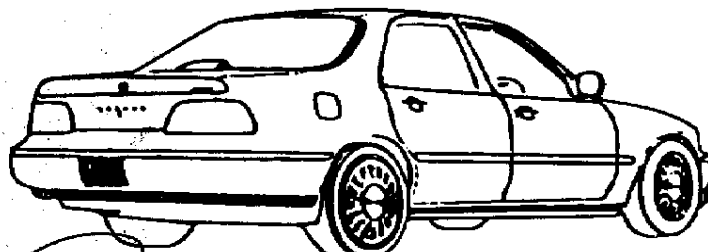
Customer Name MAKMAI NORTH AVENUE Buyer _____ Lot _____

YEAR	MAKE	MODEL	VIN, SERIAL NUMBER
<u>03</u>	<u>ACURA</u>	<u>MDX</u>	<u>2#NYD189734526880</u>

DAMAGE LEGEND



☐ AIR SHIELD DAMAGED



ORIGINAL INSPECTION

CONSIGNEE SIGNATURE _____

DRIVER SIGNATURE _____

DATE _____

DELIVER TO:

Date _____

NAME DIAMOND EXPRESS

STREET 2 Ave A

CITY Christie STATE NY ZIP _____

c/o _____ PHONE _____

FINAL INSPECTION

DAMAGE WHICH OCCURRED IN TRANSIT MUST BE NOTED HERE
AND SIGNED FOR BY RECEIVING AGENT AND DRIVER. (NO EXCEPTIONS)

☒ No Transit Damage

Date _____

☐ Vehicle Dropped S.T.I.:

☐ Transit Damage as follows:

COD _____

Receiving Agent Signature

X Yuri

Driver Signature

X [Signature]