

CAR COACH INC  
PO BOX 3067  
ELIZABETH, NJ 07207

# Invoice

| Date      | Invoice # |
|-----------|-----------|
| 8/15/2011 | 1289MC    |

|  |
|--|
| <b>Bill To</b>   |
| Makmal North America<br>92 Dovetail Drive<br>Richmond Hill, ON L4E 5A7 |

| P.O. No. | Terms   | Project |
|----------|---------|---------|
| 2504     | 10 Days |         |

| Quantity | Description  | Rate         | Amount   |
|----------|--|--------------|----------|
| 1        | Picked up at Manheim PA Delivered to Newark NJ<br>2004 Lexus RX330 Vin# 032504 | 150.00       | 150.00   |
|          |  | <b>Total</b> | \$150.00 |

12-9 MC

C  
8/15  
E  
8/16**Dispatch Sheet**Powered by  
**CentralDispatch.com**

Order ID: 2504

**Makmal North America**92 Dovetail Drive  
richmond hill, ON L4E 5A7Company Phone : 416 840 5849  
Dispatch Contact: Valentina Shevchik  
**Dispatch Phone : (716) 406-8871**  
Dispatch Fax : 647-435-5876**Carrier Information**Order ID : 2504  
Carrier : Car Coach Inc  
Address : PO Box 3067  
City : elizabeth, NJ 07207  
MC Number: 527716Contact : Harold / Christina / Denise  
Phone (1) : 7324284500  
Phone (2) : 908-966-6323  
Phone (Fax): 732-669-7428  
Phone (Cell):**Order Information**Dispatch Date : 08/15/2011  
Pickup Estimated : 08/15/2011  
Delivery Estimated: 08/16/2011  
**Ship Via : Open**Price Listed on CD : N/A  
Carrier Pay (total) : \$150.00  
On Delivery to Carrier : None  
Company\* owes Carrier: \$150.00  
**Vehicles Run : Yes****Makmal North America** agrees to pay **Car Coach Inc** \$150.00 within 10 business days of receiving a signed Bill of Lading. Payment will be made with Company Check.*\*The company (broker, dealer, auction, rental company, etc.) that originated this dispatch sheet.***Vehicle Information****Vehicle 1** : 2004 Lexus RX330  
Type : SUV  
Color :  
Plate :  
VIN :  
Lot Number:

OK

**Pickup From**LOCALE: SHIPPER SPECIFIC  
Name : \*CONTACT DISPATCHER\*  
Company : Manheim Auto Auction  
Street : 1190 Lancaster Rd  
Street 2 :  
City, State: manheim, PA  
Zip Code : 17545  
Country : United States  
Phone 1 : (717) 665-3571  
Phone 2 :  
Cell :**Deliver To**LOCALE: SHIPPER SPECIFIC  
Name : \*CONTACT DISPATCHER\*  
Company : TRT International  
Street : 196-E MARACAIBO STREET, NEWARK, NJ  
07114  
Street 2 :  
City, : newark, NJ  
State :  
Zip Code :  
Country : United States  
Phone 1 : 1(973) 344-7100  
Phone 2 :  
Cell :**Dispatch Instructions**

VIN JTJHA31U240032504. Gate Pass is under Makmal North America Co. Please send signed Bill of Lading and Invoice once the vehicle is delivered.

Thank you.

This should be picked up within 2 days of 08/15/2011

This should be delivered within 2 days of 08/16/2011

**PLEASE GIVE THE SHIPPER 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 **Car Coach Inc**. By accepting this agreement **Car Coach Inc** certifies that they have the proper legal authority and insurance to carry the above described vehicle, only on trucks owned by **Car Coach Inc**. 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 Car Coach Inc and Makmal North America, as described in this dispatch sheet, is solely between Car Coach Inc 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 # 3135480

# UNIFORM BILL OF LADING CONDITION REPORT

## CAR COACH

Automotive Carrier New & Used Cars

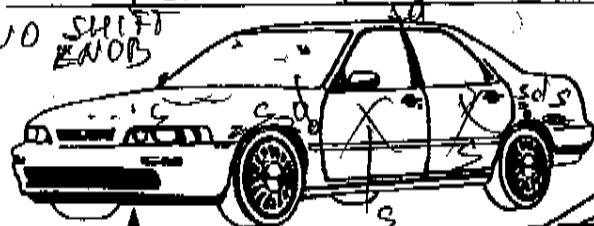
DOT 1385160 MC 527716  
P.O. Box 3067 • Elizabeth, NJ 07207  
(908) 966-6323 • FAX (908) 436-9560

Consignee MARKMAL Street \_\_\_\_\_ City \_\_\_\_\_ St. \_\_\_\_\_ Phone \_\_\_\_\_  
Customer Name \_\_\_\_\_ Acct # \_\_\_\_\_ Stock # \_\_\_\_\_

| YEAR               | MAKE | MODEL | TRIM | DOORS | BODY TYPE  | EXT COLOR | INT COLOR   | MILEAGE | Odometer  |  |
|--------------------|------|-------|------|-------|--|-----------|---|---------|---|--|
| 04                 |      | RX330 |      |       | <input type="checkbox"/> CP <input type="checkbox"/> SU<br><input type="checkbox"/> SD <input type="checkbox"/> WG<br><input type="checkbox"/> HB <input type="checkbox"/> VAN   |           |   |         | <input type="checkbox"/> 8 DIGIT<br><input type="checkbox"/> ODOMETER<br><input type="checkbox"/> BROKEN<br><input type="checkbox"/> TMU <input type="checkbox"/> NAM |  |
| VIN, SERIAL NUMBER |      |       |      |       | RADIO  |           | IGNITION KEYS:  |         | TRUNK KEY:  |  |
| 032504             |      |       |      |       | <input type="checkbox"/> INOP <input type="checkbox"/> MISSING<br><input type="checkbox"/> AM/FM <input type="checkbox"/> STEREO <input type="checkbox"/> W/TAPE<br><input type="checkbox"/> W/CD <input type="checkbox"/> W/CD CHG <input type="checkbox"/> CD CART<br><input type="checkbox"/> BRAND |           | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> ALARM<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> KEYLESS ENTRY |         |   |  |

|  |   |   |                                      |   |   |
|--|---|---|--------------------------------------|---|---|
| <input type="checkbox"/> BOOKS<br><input type="checkbox"/> RECORDS | FUEL<br><input type="checkbox"/> FULL<br><input type="checkbox"/> 3/4<br><input type="checkbox"/> 1/2<br><input type="checkbox"/> 1/4<br><input type="checkbox"/> EMPTY | OVERALL CONDITION OF VEHICLE<br><input type="checkbox"/> CLEAN <input type="checkbox"/> AVG.<br><input type="checkbox"/> ROUGH <input type="checkbox"/> SALVAGE | LICENSE PLATE # _____<br>STATE _____ | <input type="checkbox"/> SPOILER<br><input type="checkbox"/> CUSTOM WHEELS<br><input type="checkbox"/> DRIVING LIGHTS | <input type="checkbox"/> TOW PACKAGE<br><input type="checkbox"/> RUNNING BOARDS<br><input type="checkbox"/> PHONE <input type="checkbox"/> FACT<br><input type="checkbox"/> BRAND |
|--|---|---|--------------------------------------|---|---|

NO SHIFT  
KNOB



☐ AIR SHIELD DAMAGED

ORIGINAL INSPECTION

CONSIGNEE SIGNATURE

DATE

DATE

### WEATHER CONDITION AT TIME OF INSPECTION

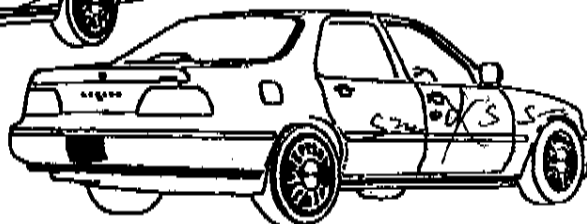
☐ RAIN ☐ SNOW ☐ ICE ☐ EXT. DIRTY

FRAME/UNIBODY ☐ DAMAGE LOCATION

TIE DOWNS ☐ DAMAGE LOCATION

| DAMAGE LEGEND |      |      |      |  | PREV REPAIR |
|---------------|------|------|------|--|-------------|
| SCRT          | DING | DENT | DAMG |  | PR          |
|               |      |      |      |  |             |

DAMAGES MUST BE MARKED  
AS THEY APPEAR ON VEHICLE.



| GLASS      |                          |                          |
|------------|--------------------------|--------------------------|
| CHIPPED    | CRACKED                  | BROKEN                   |
| WINDSHIELD | <input type="checkbox"/> | <input type="checkbox"/> |
| WINDOW     | <input type="checkbox"/> | <input type="checkbox"/> |

| TIRES                       |                          |                          |                          |       |
|-----------------------------|--------------------------|--------------------------|--------------------------|-------|
| TIRES TREAD DEPTH REMAINING |                          |                          |                          |       |
| (Circles if less than 1/8") |                          |                          |                          |       |
| GOOD                        | FAIR                     | POOR                     | MISMATCH                 | BRAND |
| LF                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| LR                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| RF                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |
| RR                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |       |

|                                       |                                       |                                  |
|---------------------------------------|---------------------------------------|----------------------------------|
| <input type="checkbox"/> SPARE        | <input type="checkbox"/> JACK         | <input type="checkbox"/> MISSING |
| <input type="checkbox"/> WHEEL COVERS | <input type="checkbox"/> ALUM. WHEELS |                                  |
| <input type="checkbox"/> NONE         | <input type="checkbox"/> MISSING      |                                  |

### ✓ DAMAGE DESCRIPTION

#### (✓) APPROPRIATE BLOCK

| AREA            | OK | SCRT | DING | DENT | DAMG | PREV REPAIR |
|-----------------|----|------|------|------|------|-------------|
| Front Bumper    |    |      |      |      |      |             |
| Grill           |    |      |      |      |      |             |
| Hood            |    |      |      |      |      |             |
| LF Fender       |    |      |      |      |      |             |
| LF Door         |    |      |      |      |      |             |
| LR Door         |    |      |      |      |      |             |
| L Rocker Panel  |    |      |      |      |      |             |
| Left Qtr. Panel |    |      |      |      |      |             |
| Deck Lid        |    |      |      |      |      |             |
| Rear Bumper     |    |      |      |      |      |             |
| R. Qtr. Panel   |    |      |      |      |      |             |
| RR Door         |    |      |      |      |      |             |
| RF Door         |    |      |      |      |      |             |
| R Rocker Panel  |    |      |      |      |      |             |
| RF Fender       |    |      |      |      |      |             |
| Roof            |    |      |      |      |      |             |

### ✓ INTERIOR CONDITION

|              |                               |                               |                                     |                                  |                                  |
|--------------|-------------------------------|-------------------------------|-------------------------------------|----------------------------------|----------------------------------|
| DASH         | <input type="checkbox"/> GOOD | <input type="checkbox"/> WORN | <input type="checkbox"/> DAMAGED    | <input type="checkbox"/> STAINED | <input type="checkbox"/> MISSING |
| FRONT CARPET | <input type="checkbox"/> GOOD | <input type="checkbox"/> WORN | <input type="checkbox"/> BURN HOLES | <input type="checkbox"/> STAINED | <input type="checkbox"/> MISSING |
| FRONT SEAT   | <input type="checkbox"/> GOOD | <input type="checkbox"/> WORN | <input type="checkbox"/> BURN HOLES | <input type="checkbox"/> STAINED | <input type="checkbox"/> MISSING |
| HEADLINER    | <input type="checkbox"/> GOOD | <input type="checkbox"/> TORN | <input type="checkbox"/> BURN HOLES | <input type="checkbox"/> STAINED | <input type="checkbox"/> MISSING |
| REAR CARPET  | <input type="checkbox"/> GOOD | <input type="checkbox"/> TORN | <input type="checkbox"/> BURN HOLES | <input type="checkbox"/> STAINED | <input type="checkbox"/> MISSING |
| REAR SEAT    | <input type="checkbox"/> GOOD | <input type="checkbox"/> TORN | <input type="checkbox"/> BURN HOLES | <input type="checkbox"/> STAINED | <input type="checkbox"/> MISSING |
| FLOOR MATS   | <input type="checkbox"/> GOOD | <input type="checkbox"/> TORN | <input type="checkbox"/> BURN HOLES | <input type="checkbox"/> STAINED | <input type="checkbox"/> MISSING |
| DOOR PANELS  | <input type="checkbox"/> GOOD | <input type="checkbox"/> TORN | <input type="checkbox"/> BURN HOLES | <input type="checkbox"/> STAINED | <input type="checkbox"/> DAMAGED |

### DELIVER TO:

Date \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

do \_\_\_\_\_

PHONE \_\_\_\_\_

### FINAL INSPECTION

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

- ☐ No Transit Damage  
☐ Vehicle Dropped S.T.I.:  
☐ Transit Damage as follows:

Date \_\_\_\_\_

Receiving Agent Signature

Driver Signature

x 1602 8/16/04 x