

BUSTER TRANSPORT 1049 FOX HOUND ROAD VACAVILLE, CA 95687 707-365-2699 707-676-9132 FAX

FAX TRANSMITTAL:

To: Accounts Payable	From: Jeanne Parker
Fax: 647-435-5876	
Phone:	Date: 4/13/10
Re: 108327	CC:

Comments:

Buster Transport

1049 Fox Hound Rd Vacaville, CA 95687

Phone #

707-365-2699

Fax#

707-676-9132



Invoice

Date	Invoice #
4/13/2010	555

Bill To

Makmal North America

92 Dovetail Dr.

Richmond Hill, ON L4E 5A7

P.O. No .	Terms	Project
108327	Due on receipt	

Quantity	Description	Rate	Amount
1	Toyota Rav 4, VIN # 10108327 Transport from Las Vegas NV to San Pablo CA	265.00	265.00
	THANK YOU FOR YOUR BUSINESS! A 10% service fee will be added to invoices not paid within 30 days.	Total	\$265.00

BILL OF LADING

BUSTER TRANSPORT

Bill of Lading # 555

Phone 707-365-2699 Fax 707-446-2419 lee@bustertransport.com 1049 Fox Hound Road Vacaville, CA 95687

2 Keys title

ORIGIN	DESTINATION	
Name: Manheim	Name: West Coast Shipping	
Address: 3225 S. Hollywood Bl	Address: 196E Maracai bost	
City, State: Las Vegas NV	City, State: San Pablo CA	
Phone: 702-207-1200	Phone: 510 - 236 - 3008/347-416-4695	
Broker: Makmal North America	Year: 2001 Make: Toyota	
Phone: 416-834-9505	Model: RAV 4 Mileage:	
Load ID: 108327 COD: No	VIN: 10108327	
Interior Cond: DieTV	101002	
Exterior Cond: All wheels Carbed - many	chile + Scentiles From use	
	- 1-000	
Identification Battery Dead—NO Keven	Rubbed	
B = Bent		
BB= Buffer Burned		
B = Broken C = Cut		
CR= Cracked	100 000 000 000 000 000 000 000 000 000	
D = Dented		
F = Faded FF= Foreign Fluid	A SCHOOL BON MISSI	
G = Gouged	Scuff Miss	
1. = 1.00se		
M = Missing P = Pitted		
PC= Paint Chip		
R = Rubbed		
RU= Rust · S = Scratched		
SL= Soiled	Carted I Scratce	
S'F= Stained		
T = Torn		
During transport, vehicles and vehicle equipment may cease to	operate properly through no fault of the transporter. The transporter	
will be responsible for damage directly caused by the driver. The	ne transporter WILL NOT be responsible for damage NOT caused	
by the driver.		
	Date 4-11-10	
Drivers Signature	Date ///	
optoni e e e e e e e e e e e e e e e	Mar. 111 71	
ORIGIN: I agree with the Driver's Assessment of the condition conditions on the reverse side of this form. I agree to be bound to		
Origin Signature NONE AVa. Zals	1/0 Data -	
Dried Name	Date	
Print Name		
DESTINATION, Executions total by sustamer		
DESTINATION: Exceptions noted by customer		
- ++		
Destination Signature Date 0/1/2/10		
Destination Signature Date Date		
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