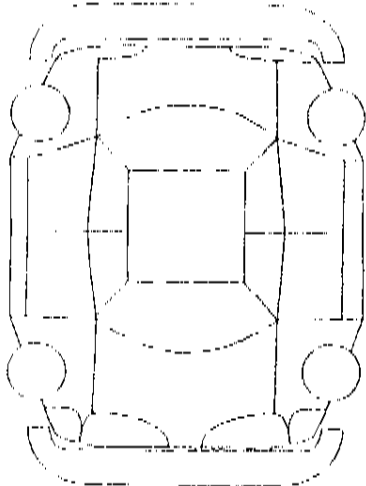


ID Towing LLC
672 Brace Ave
Perth Amboy, NJ 08861
24HR #848-219-6730

1. Vehicle Mileage _____
 Year/Make/Model 2000 Honda Pale Port Color _____ Operable Yes/No _____
 License Plate _____ Vin Number 43LDM58W1Y4408400

2. Pick-Up Location:

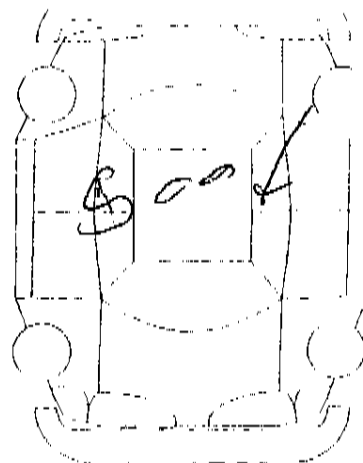
Name Moshier Albany
 Address 459 RT 146
 City Clifton Park
 State N.Y. Zip _____
 Phone _____ w/Phone _____



Scratch/s Dent/d Peeled Paint/pp Dull/dp

3. Delivery Location

Name Sotby
 Address 714 Division St.
 City Elizabethtown
 State N.J. Zip _____
 Phone _____ w/Phone _____



Scratch/s Dent/d Peeled Paint/pp Dull/dp

4. Customer Print _____

Customer Sign _____
 Driver Sign _____
 Date _____
 Comments _____

5. Customer Print B. Sotby

Customer Sign [Signature]
 Driver Sign _____
 Date 12-21-09
 Comments _____

Payment Type: Amex/VISA/MC/Discover

Card Number _____

Expiration Date _____

Name _____

Charge Amount \$ _____

COD Amount \$ _____

Billing Address _____

Terms and Conditions

Charge amount is full payment or deposit only (\$25 min.) COD amount is remaining balance. I agree that I have read and understood the terms outlined in the transport agreement. I submit that the supplied payment information is correct and true. I agree to pay the quoted amount.