

Thank you for your business.

Please contact us for more information about payment options.

Qty	Description
1	04 Lexus RX330 #001714
Total	\$150.00
Unit price	\$150.00
Total Due	\$150.00

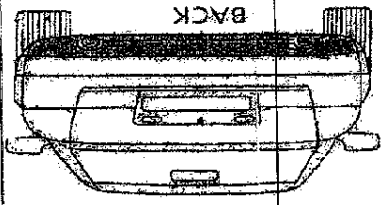
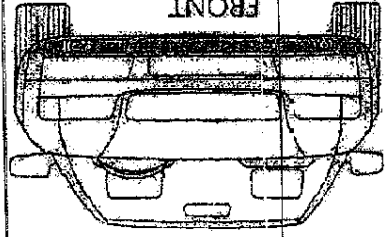
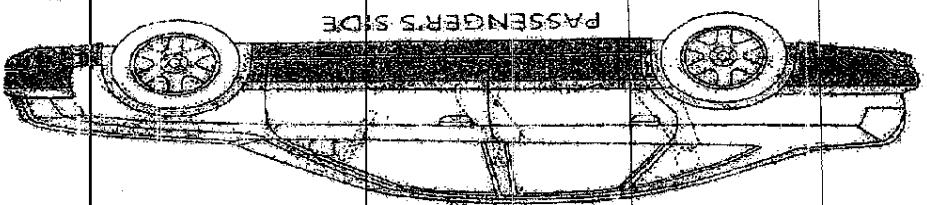
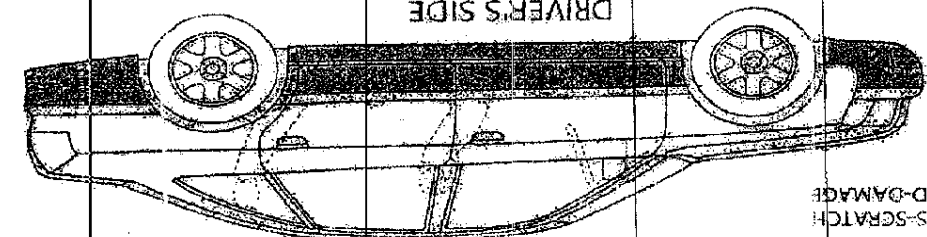
Makmal North America
85 West Willmont St.
Richmond Hill, ON L4B-1K7
Tel: (905) 482-3258
Fax: (647) 435-5876

ALMO Car Transport Inc
376 Newtown-Richboro Rd
Richboro, PA 18954
Tel. (267) 528-2915
E-mail: almocart@yahoo.com

Invoice Number:
Order Number:
Issue Date:
Due Date:
Sales Person:

10234	0	02/20/09	03/22/09	User
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Invoice

NOTES:		RECIPIENT'S NAME: <u> </u> DATE: <u>2-18-09</u>	
 FRONT  BACK		 DRIVER'S SIDE  PASSENGER'S SIDE	
VEHICLE DAMAGE REPORT COLOR: <input type="checkbox"/> Red/Dark Red <input checked="" type="checkbox"/> Silver <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Yellow <input type="checkbox"/> Orange <input type="checkbox"/> Green MODEL: <u>2X 330</u> MAKE: <u>Lexus</u> YEAR: <u>2004</u>		SCRATCHES ALL OVER THE CAR: YES <input type="checkbox"/> NO <input type="checkbox"/> VIN# <u>001314</u> TITLE: <input type="checkbox"/> VEHICLE BOOKS <input type="checkbox"/> KEYS <input type="checkbox"/> SPARE TIRE <input type="checkbox"/> WINDSHIELD WIPERS <input type="checkbox"/> TOOLS <input type="checkbox"/> STEREO <input type="checkbox"/> FLOOR MATS <input type="checkbox"/> DIRTY SALON <input type="checkbox"/> DIRTY VEHICLE <input type="checkbox"/> ACCESSORIES <input type="checkbox"/> NOVIATION SYSTEM <input type="checkbox"/> CAR PHICES	
SHIPPER INFO: NAME OR COMPANY'S NAME: <u>Mark</u> ADDRESS: <u> </u> CITY: <u> </u> STATE: <u> </u> ZIP: <u> </u> TEL: <u> </u>		CONSIGNEE INFO: NAME OR COMPANY'S NAME: <u>Mark</u> ADDRESS: <u> </u> CITY: <u> </u> STATE: <u> </u> ZIP: <u> </u> TEL: <u> </u>	
INSPECTION TIME DURING: DAY: <u> </u> Time: <u> </u> NIGHT: <u> </u> Time: <u> </u> BAD WEATHER: YES <input type="checkbox"/> NO <input type="checkbox"/>		FINAL DESTINATION: <u>Scotly</u> ADDRESS: <u> </u> CITY: <u> </u> STATE: <u> </u> ZIP: <u> </u> TEL: <u> </u>	
SALVAGE: YES <input type="checkbox"/> NO <input type="checkbox"/> RENS: YES <input type="checkbox"/> NO <input type="checkbox"/>		CONSIGNEE INFO: NAME OR COMPANY'S NAME: <u>Mark</u> ADDRESS: <u> </u> CITY: <u> </u> STATE: <u> </u> ZIP: <u> </u> TEL: <u> </u>	

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