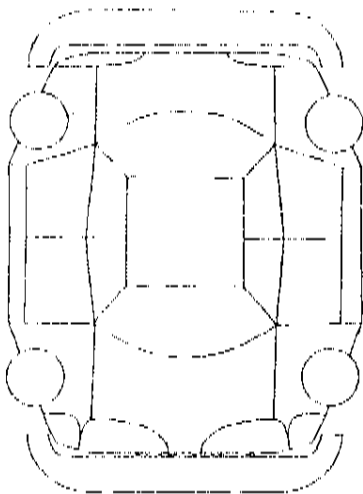


**JD Towing LLC**  
**672 Brace Ave**  
**Perth Amboy, NJ 08861**  
**24HR #848-219-6730**

1. Vehicle Mileage \_\_\_\_\_  
 Year/Make/Model 05 Lexus GX 470 color Gray Operable Yes/No \_\_\_\_\_  
 License Plate \_\_\_\_\_ Vin Number JTJBT20X050093955

## 2. Pick-Up Location:

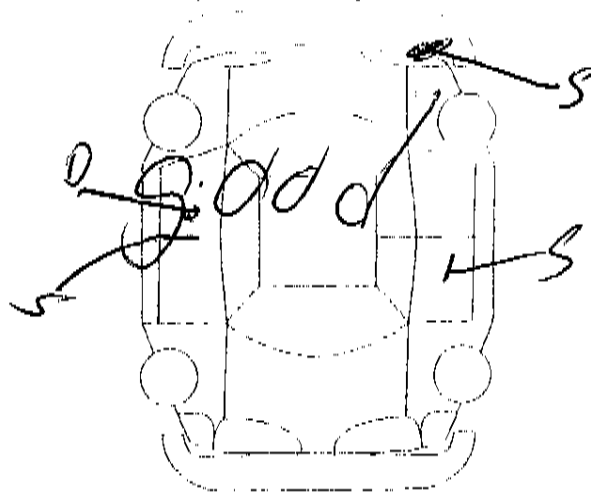
Name Skylar  
 Address 100 RT 46  
 City Perth Fairfield  
 State N.J. Zip 07004  
 Phone \_\_\_\_\_ w/Phone \_\_\_\_\_



Scratch/s Dent/D Peeled Paint/PP Dull/DP

## 3. Delivery Location:

Name T.R.T.  
 Address 196 E Margery, 60 ST.  
 City Newark  
 State N.J. Zip \_\_\_\_\_  
 Phone MAK MAL w/Phone \_\_\_\_\_



Scratch/s Dent/D Peeled Paint/PP Dull/DP

4. Customer Print \_\_\_\_\_  
 Customer Sign \_\_\_\_\_  
 Driver Sign \_\_\_\_\_  
 Date \_\_\_\_\_  
 Comments \_\_\_\_\_

5. Customer Print ERICK  
 Customer Sign [Signature]  
 Driver Sign \_\_\_\_\_  
 Date 02/28/10  
 Comments NO title

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.