

Ship Date: 10/21/14

FINAL BILL OF LADING

Page: 1

SHIP FROM

Name: American Woodmark Corporation
 Address: 4475 Mohave Airport Drive
 City/State/Zip: Kingman AZ 86401

FOB: ☐

Bill of Lading Number: 04-069726-001-01-09-00



SHIP TO

Customer:
 Name: DICKMAN LEWIS
 Address: 1487 WOODSIDE AVE Location#:
 City/State/Zip: PARK CITY UT 84060
 Phone 1: 801-272-9341 Phone 2: 801-244-5427 FOB: ☐

CARRIER NAME: Redman Van And Storage
 Trailer number: 1126
 Seal number(s):

SCAC: MEWF
 Pro number:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid X Collect 3rd Party

Agent:

meridian salt lake city ut

SPECIAL INSTRUCTIONS:

Master BOL : 04-069726-000-00-00-00

CUSTOMER ORDER INFORMATION

CUST ORDER NUMBER	Cabinets		Parts		WEIGHT		PALLET/SLIP		ADDITIONAL SHIPPER INFO
	Wgt	Cubes	(CIRCLE ONE)						
KP 71893070	0	1	3	0	Y	N			PO # 13560456R
GRAND TOTAL	0	1	3	0					

CARRIER INFORMATION

HANDLING UNIT		PIECES		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
0	Cartons	0	Cabinets	3		Wooden Kitchen Cabinets, s/u no glass		
1	Cartons	1	Parts					
1		1		3				
GRAND TOTAL								

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

Please Open and Inspect All Products Within 7 Days

Subject to section 7 of the agreement between Shipper and Carrier if the shipment is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement: The carrier shall not make delivery to this shipment without payment of freight and all other lawful charges.

Consignee Signature / Date

Signature

Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

Freight Counted:

☒ By Shipper☒ By Shipper☐ By Driver☐ By Driver/pallets said to contain☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

SF

Comments :

RUN DATE: 10/21/14 7:21:46PM