STI delivers

P.O. Box 80520
Fort Wayne, IN 46898-0520
www.stidelivers.com

IN CASE OF NEED CONTACT
AREA CODE (260) 429-3801

NOT NEGOTIABLE

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER: HC906000

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N10979 006D	7425/7425				PUD 10/08/15-10/16/15 DEL 10/27/15-10/28/15	

ITEM 00007.0 SSEC D

FROM
SHIPPER: VALLEY OFFICE SYSTEM ST. 320 JEFFERSON
CITY/ST. POCATELLO ID ZIP 83201 NOTIFY/PHONE LES HILL 208 578 4327
COUNTY

TO
SHIPPER: ASSET RECOVERY SPECI ST. 22455 72ND AVE SOUTH
CITY/ST. KENT WA ZIP 98032 NOTIFY/PHONE KAY FARMER 888 253 3869 EXT 225
COUNTY

RECEIVED, SUBJECT TO CLASSIFICATIONS, TARIFFS, RULES AND REGULATIONS INCLUDING ALL TERMS PRINTED OR STAMPED HEREON OR ON THE REVERSE SIDE HEREOF IN EFFECT ON THE DATE OF ISSUE OF THIS BILL OF LADING.

*CHARGES STATED HEREIN ARE ESTIMATES ONLY. ACTUAL CHARGES ARE BASED UPON THE APPLICABLE TARIFF.

TO
NAME VALLEY OFFICE SYSTEM 2050 1ST ST
ADDR. IDAHO FALLS ID 83401
ATTN: 2085292777 P.O./NO.

SPECIAL INSTRUCTIONS
C CNT 1
HARP MX-M623N SN:15002391
SED: COPIERS: PACKAGING LOOSE
ALUATION OF $5000
ALL 24 HOURS BEFORE PICKUP
ALL TO SCHEDULE DELIVERY
E:0702641-000/SOUTH PARK, INC
SR IS ANNE OESTREICHER, PH# 631-500-[illegible] E-MAIL
NNESTIDELIVERS@YAHOO.COM

BILLING INSTRUCTIONS: Charges payable by certified check or cashier's check (per tariff) made payable to STI at
☐ Origin ☐ Before delivery ☒ Carrier shall bill above party

SF
no inbound

WEIGHT	ORIGINAL	REWEIGH
GROSS		
TARE		
NET		

Shipper: The tare weight of the vehicle (including the shipments on board) must be entered on the line prior to loading your shipment on the vehicle.

Shipment consists solely of containers or machinery and shipper certifies the total weight of the shipment to be: _____ pounds.

Shipper Signature: Jackson

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

X _____ Expedited service ordered by shipper. Deliver on or before _____

Selected delivery date service ordered by shipper

X _____ Deliver on or before _____ DATE _____ AGREED WEIGHT

X _____ Shipment completely occupied a _____ cu. ft. vehicle

X _____ Exclusive use of a _____ cu. ft. vehicle ordered

X _____ Space occupied _____ cu. ft. (@ 7lbs./cu. ft.)

Chris martin

DATE	PTS ID/INITIALS	LOCATION	TIME

G: Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____
T: Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____

. NAME _____ PHONE # _____ DATE _____
. NAME _____ PHONE # _____ DATE _____
- _____ PHONE # _____ DATE _____

VALUATION STATEMENT

This shipment is released to Carrier upon the terms and conditions and limitation of liability contained in the applicable tariff, unless otherwise noted hereon by an authorized Carrier representative. If the shipper desires to increase Carrier's liability, the shipper must contact the Carrier representative that registered the shipment with Carrier and obtain Carrier's approval for such increased liability. CARRIER'S DRIVER IS NOT AUTHORIZED TO CHANGE THE TERMS AND CONDITIONS, INCLUDING WITHOUT LIMITATION CARRIER'S LIABILITY, APPLICABLE TO THE SHIPMENT. Carrier shall have no liability above the released value contained in the tariff if Carrier has not agreed in advance to such increased liability and the shipper has not paid the increased rate applicable thereto.

AL **PIECE COUNT** PER ATTACHED CRIPTIVE INVENTORY IS: _____ PIECE COUNT

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE _____
APU DATE _____

HC906000
CONTRACT NO.

X _____ CONSIGNEE

DELIVERY ACKNOWLEDGEMENT: All listed services were rendered and the property described has been received in apparent good condition except as noted on other shipping documents.

CONSIGNEE PRINTED NAME _____ ACTUAL DELIVERY DATE / /

BY 1st _____ CODE _____
off code _____ DATE _____
BY 2nd _____ CODE _____
off code _____ DATE _____
BY 3rd _____ CODE _____
off code _____ DATE _____
BY 4th _____ CODE _____
off code _____ DATE _____
v. _____ CODE _____

PAYMENT RECEIVED
BY _____
AMOUNT _____
DATE _____
CK # _____
BANK NAME _____
BANK ADDRESS _____

NET WEIGHT	MILES	RATE	CHARGES	CODE
500	0722			
OTHER ACCESSORIALS-LIST	TYPE	QTY.		
ADDITIONAL	98	1		ORD
ADMIN CHARG	A2	1		742
TOTAL CHARGES				

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

Martin
Grayson

Form STI-DP 379 07/09

10/8
1

Original - If charges are C.O.D. record collection