MORE THAN 1 PAGE? CONTINUE ON NEXT PAGE

STI delivers

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

NOT NEGOTIABLE

# BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

**CONTRACT NUMBER** JA341300

| TARIFF/SECTION | BOOKER CODE/ ASSIST CODE | ESTIMATOR | TOTAL ESTIMATED* CHARGES FOR SHIPMENT | VEHICLE NO. | AGREED SERV. DATES OR PERIOD OF TIME | ACTUAL PICKUP DATE |
|---|---|---|---|---|---|---|
| N30765 003 ITEM 6SEG D | 7408/7408 | | | | PUD 05/13/16-05/20/16 DEL BY -05/27/16 | |

**SHIP FROM**
SHIPPER: SOUTHEWEST VISION ST. 965 E 700 S SUITE 100
CITY/ST.: ST GEORGE UT ZIP 84790 NOTIFY/PHONE: SUZANNE GIROUAR 435 673 5577
COUNTY:

**SHIP TO**
SHIPPER: RED ROCK EYE CLINIC ST. 415 E CENTER STREET
CITY/ST.: PANGUITCH UT ZIP 84759 NOTIFY/PHONE: 435 676 8646
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.

**BILL TO**
NAME: FORT HILL LOGISTICS PO BOX 4281
NAPERVILLE IL 60567 ADDR.
ATTN: P.O./NO.

## SPECIAL INSTRUCTIONS

PC CNT 1
**(1)DISPLAY 22X21X79
USED: EXHIBIT & DISPLAY: PACKAGING LOOSE
NO FORKLIFT ON FREIGHT- DO NOT DROP THIS FREIGHT!
ANY DAMAGES MUST NOTIFY BOOKER WHILE ON SITE
DRIVER & ONE - PADS, STRAPS, HANDLE WITH CARE
ACCESSORIALS MUST HAVE SIGNED FORM 365 - IN & OUT
TIME ACCESSORIALS MUST BE PREAPPROVED AT TI
E TIME OF PICK UP OR DELIVERY -- CANNOT BE AP
PROVED AFTER WE HAVE LEFT SITE. ANY EXCEPTIONS
MUST NOTIFY BOOKER AT PICKUP & DELIVERY
YOU ARE UNABLE TO MAKE CONTACT WITH ORIGIN OR DES
TINATION CONTACT BOOKER ASAP.
DRIVER AND ONE INSIDE PICKUP
ANY ISSUES WITH THE PICKUP/DELIVERY PLEASE
SPECIAL INSTRUCTIONS CONTINUED ON NEXT PAGE

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

**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 X _____

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

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

X _____ Selected delivery date service ordered by shipper. 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.)

**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.

| DATE | PTS ID/INITIALS | LOCATION | TIME |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**ORIG:** Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____

**DEST:** Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____

ORIG. NAME PHONE # DATE

DEST. NAME PHONE # DATE

BKKR- PHONE # DATE

TOTAL **PIECE COUNT** PER ATTACHED DESCRIPTIVE INVENTORY IS: _____ PIECE COUNT

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE _____ JA341300 CONTRACT NO.

APU DATE _____

HAULED BY 1st _____ CODE _____
V or set off cation & code _____ DATE _____
HAULED BY 2nd _____ CODE _____
V or set off cation & code _____ DATE _____
HAULED BY 3rd _____ CODE _____
V or set off cation & code _____ DATE _____
HAULED BY 4th _____ CODE _____
V or set off cation & code _____ DATE _____
rrier conv. livery by _____ CODE _____

martin

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

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

| NET WEIGHT | MILES | RATE | CHARGES | CODE |
|---|---|---|---|---|
| 235 | 0025 | | | |
| | | | | |
| | | | | |
| OTHER ACCESSORIALS-LIST TYPE | QTY. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | TOTAL CHARGES | |

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

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Form STI-DP 379 07/09

no inbound SF Chris martin