

SHIP FROM		Bill of Lading Number: 04-073617-001-01-81-00 
Name: STOUT ALEX Address: 115 S 300 W APT 3 City/State/Zip: ST GEORGE UT 84770 SID#: _____ FOB: ☐		
SHIP TO		CARRIER NAME: Redman Van And Storage Trailer number: 1126 Seal number(s): _____
Name: Redman Van And Storage - Redman Van An Address: 2571 West 2590 South City/State/Zip: Salt Lake City UT 84119 CID#: meridian/salt lake city ut FOB: ☐		
FREIGHT CHARGES BILL TO:		SCAC: MEWF Pro number: _____ Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid ☒ Collect _____ 3rd Party _____
Name: American Woodmark Corp. c/o Williams & Associates Address: 405 East 78th Street City/State/Zip: Bloomington, MN 55420		
SPECIAL INSTRUCTIONS: _____		

CUSTOMER ORDER INFORMATION

CUST ORDER NUMBER	# PKGS		WEIGHT		PALLET/SLIP		ADDITIONAL SHIPPER INFO
	Cabs	Parts	Wgt	Cubes	(CIRCLE ONE)		
KP 72194210	1	0	54	12	Y	N	PO # 12549690
GRAND TOTAL	1	0	54	12			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		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
1	cnts	1	cnts	54		Wooden Kitchen Cabinets, s/u no glass		
1		1		54		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.

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: ☒ By Shipper ☐ By Driver	Freight Counted: ☒ By Shipper ☐ 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. <i>Property described above is received in good order, except as noted.</i> SK

Comments :

RUN DATE: 11/04/14 7:34:06PM