STI delivers

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

AREA CODE (260) 429-3801

# BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

**CONTRACT NUMBER** SX603500

| TARIFF/SECTION | BOOKER CODE/ ASSIST CODE | ESTIMATOR | TOTAL ESTIMATED* CHARGES FOR SHIPMENT | VEHICLE NO. | AGREED SERV. DATES OR PERIOD OF TIME | ACTUAL PICKUP DATE |
|---|---|---|---|---|---|---|
| N10963 002 | 7252/7252 | | | | PUD 05/04/16-05/06/16 DEL 05/18/16-05/19/16 | |

ITEM 00001.0 SSEG D

**SHIP FROM**
SHIPPER: VERSA INTEGRITY GROU ST. 109 MEADOW DRIVE
CITY/ST.: EVANSTON WY ZIP 82930 NOTIFY/PHONE: BUTCH CONNER 307 789 2219
COUNTY:

**SHIP TO**
SHIPPER: VERSA INTEGRITY GROU ST. 2515 N 71ST STREET BLDG A
CITY/ST.: TAMPA FL ZIP 33619 NOTIFY/PHONE: DENISE STRINGER 813 626 0287
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: SCHOCK LOGISTICS INC PO BOX 1710 ADDR.
BEND OR 97709 ATTN:
P.O./NO.: 68141/MARIA X 104

## SPECIAL INSTRUCTIONS

PC CNT 0
PKUP TIME 08:00-16:00AM DELV TIME 08:00-16:00AM
1 RICOH MPC 4503SPF SN#E174M2610[illegible] W/FIN, HOLE PUNCH, 4 TRAYS ORIG-DELIVER DETACH FINISHER, INSPECT & NOTE DAMES
ORIG-LOCATION IS CLOSED-LIFT GATE REQUIRED
LIFT GATE REQUIRED AT ORIG & DEST
USED: COPIERS: PACKAGING, LOOSE
LIFTGATE AT ORIG/DST
:: ANY ADD. CHARGES MUST BE AUTH. BY BKR IN ADVANCE ::
** MUST BAR CODE ALL COPIER ACCESSORIES-NO EXCEPTIONS ** DRIVER DO NOT SHRINKWRAP/O R STRAP SORTERS TOO TIGHT- THEY CRACK & D AMAGE EASILY !!!
ALT ORIG CONTACT BUTCH CONNOR 307-789-2219
SPECIAL INSTRUCTIONS CONTINUED ON NEXT PAGE

NO EXCEPTIONS to Property Damage Customer Initials CMS

NO SF INBOUND

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: 270 pounds.

Shipper Signature X Clarissa M Staley

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.)

| 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 _____ APU DATE _____

SX603500 CONTRACT NO.

HAULED BY 1st REDMAN VAN 7445 CODE 626200
v/v or set off location & code CRANGER UT 7445 1 DATE
HAULED BY 2nd _____ CODE _____
v/v or set off location & code _____ DATE _____
HAULED BY 3rd _____ CODE _____
v/v or set off location & code _____ DATE _____
HAULED BY 4th _____ CODE _____
v/v or set off location & code _____ DATE _____
carrier conv. delivery by _____ CODE _____

**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

## 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.

| NET WEIGHT | MILES | RATE | CHARGES | CODE |
|---|---|---|---|---|
| 270 | 2205 | | | |
| | | | | |
| | | | | |
| OTHER ACCESSORIALS-LIST | TYPE | QTY. | | |
| LIFTGATE | LG | | | ORD |
| ORIG BEYOND | JR | 1 | | ORD |
| INSURANCE S | BL | 1 | | ORD |
| | | | | |
| | | | TOTAL CHARGES | |

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

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Original - If charges are C.O.D., record collection, and give this copy to shipper. Otherwise, driver mail this copy to Ft. Wayne.