REDMAN VAN & STORAGE CO.

TIME STARTED

TIME

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 328-8581
E-16 Freeport Center, Clearfield, Utah (801) 776-2645

291433 291433

12/1

DATE	TIME ORDERED	C.O.D.	CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
11-25-14	9-5	NO	CHARGE		JACIE	11-24-14		1

INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER	EST. WEIGHT
REG									96

SHIP FROM
COLON AND RECTAL CENTER
324 TENTH AVE
SUITE 280
SLC, UT 84103

SHIP TO
REDMAN VAN & STG MAIN OFFICE
2571 W. 2590 SOUTH
SALT LAKE CITY, 84119

ATTN: EVELYN BOSSART PHONE: 801-408-5930

ATTN: PHONE: 972-4420

STORAGE LOT # | ALL OUT | TYPE | EQUIPMENT NO. EITHER | NUMBER OF PERSONNEL 1

BILL TO
STI 2750
BS121100
, 0000

CALL ext 315
TIME _____
VOICEMAIL ☐ PERSON ☐

SPECIAL INSTRUCTIONS:

PICK UP COPIER
VERIFY SERIAL NUMBER
CORNERBOARD AND SHRINKWRAP
LGATE

EST.	PACK	NO. NEW / DEL / USED	NAME	TIME IN	TIME OUT
	DRUM		TANNER		
	1.5		CHAVEZ		
	3.0				
	4.5				
	6.0				
	MIRROR				
	W. ROBE				
	TAPE				
	SNGL.				
	DBL.				
	KING QUEEN				
	TOTAL PACKING				

12/3 don't verify serial #

★ ★ IMPORTANT LIABILITY INFORMATION ★ ★

THE RESPONSIBILITY OF THIS COMPANY FOR ANY PIECE PACKAGE OR ITS CONTENTS IS LIMITED TO 60 (SIXTY) CENTS PER POUND PER ARTICLE. A HIGHER VALUE MAY BE DECLARED BELOW AND A HIGHER RATE FOR ADDITIONAL PROTECTION WILL BE ASSESSED. FAILURE TO DECLARE HIGHER VALUE ASSUMES 60¢ PER LB. LIABILITY.

SHIPMENT IS RELEASED AT 60¢ PER POUND X _____ CUSTOMER SIG.

DECLARED VALUE IS GREATER THAN 60¢ PER POUND.

CUSTOMER REQUESTS:

NOTE: ADDITIONAL PREMIUM MUST BE PAID TO COVER A HIGHER VALUE DECLARED. AMOUNTS DECLARED WITHOUT PREMIUM PAYMENT WILL BE INVALID.

DEPRECIATED VALUE PROTECTION FOR $ _____

REPLACEMENT COST PROTECTION FOR $ _____

DECLARED VALUE MUST EQUAL COST OF ENTIRE SHIPMENT

CUSTOMER SIGNATURE X Evelyn Bossart

PRINT NAME Evelyn Bossart

GOODS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED. CUSTOMER SIGNATURE ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE SIDE.

TIME ARRIVED	CUST. INITIAL
5:15 A.M. P.M.	
TIME DEPART	CUST. INITIAL
5:25 A.M. P.M.	

NON PRODUCTIVE TIME (DRIVER MUST EXPLAIN)

COMPUTATION OF CHARGES	NO. OF MEN	REG. HRS.	O.T. HOURS	REG. RATE PER HOUR	O.T. RATE PER HOUR	Totals
MAN & VAN						
EXTRA MEN						
PACKING COSTS						
ADDITIONAL PROTECTION CHARGES						
STORAGE CHARGES (PER _____)						
OTHER (PLEASE EXPLAIN)						
					TOTAL COST	

TERMS ARE PREPAID OR UPON COMPLETION OF MOVE. CREDIT ARRANGEMENTS MUST BE APPROVED IN ADVANCE. CREDIT TERMS ARE NET 7 DAYS OF RECEIPT OF INVOICE. INTEREST WILL BE BILLED AT 1½% PER MONTH ON PAST DUE ACCOUNTS. IN THE EVENT LEGAL ACTION IS NECESSARY TO COLLECT PAST DUE AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FEES, INTEREST AND COLLECTION COSTS.

12/1 (1)

STI delivers

Fort Wayne, IN 46898-0520
www.stidelivers.com

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
					PUD DEL 11/25/14-11/25/14	

FROM

SHIPPER _____ ST. _____ NOTIFY/ PHONE _____

CITY/ST. _____ ZIP _____

COUNTY _____

SHIPPER _____ ST. _____ NOTIFY/ PHONE _____

CITY/ST. _____ ZIP _____

COUNTY _____

EIVED, SUBJECT TO CLASSIFICATIONS, TARIFFS, RULES AND REGULATIONS LUDING ALL TERMS PRINTED OR STAMPED HEREON OR ON THE REVERSE SIDE EOF 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.

NAME _____ ADDR. _____ P.O./ NO. _____

ATTN: _____

CIAL INSTRUCTIONS

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 _____

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

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

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

AME _____ PHONE # _____ DATE _____

AME _____ 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.

PIECE COUNT PER ATTACHED IPTIVE INVENTORY IS:

PIECE COUNT _____

1st _____ CODE _____

de _____ DATE _____

2nd _____ CODE _____

de _____ DATE _____

3rd _____ CODE _____

le _____ DATE _____

4th _____ CODE _____

le _____ DATE _____

_____ CODE _____

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE _____

APU DATE _____

CONTRACT NO. _____

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
75	2157			
OTHER ACCESSORIALS-LIST	TYPE	QTY.		

TOTAL CHARGES _____

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

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

Form STI-DP 379 07/09

1A

E NO. NO. OF PAGES

VISUAL COPIER/SORTER INVENTORY

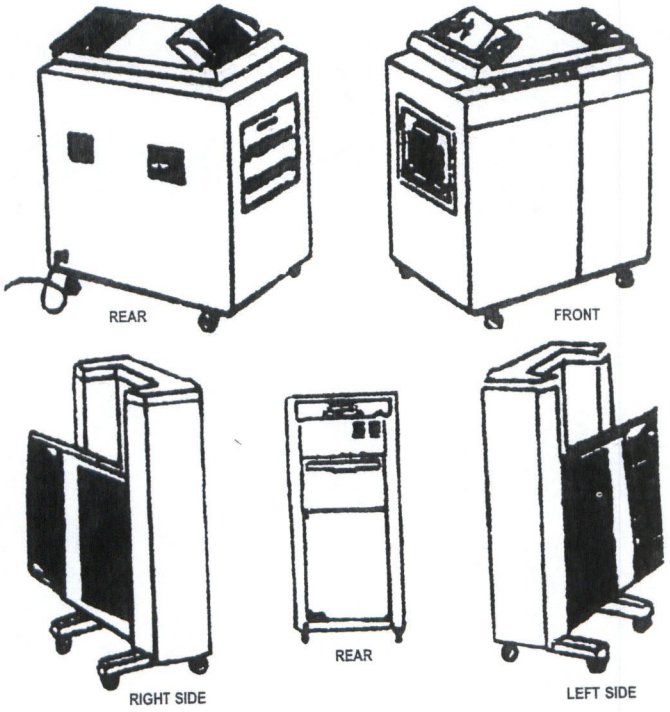
STI delivers
www.stidelivers.com

T HAULER	HAULER CODE #	TRAILER #	CONTRACT
			BS121100
PER'S NAME			MAKE
Colon & Rectal CENTER			CANON
GIN LOADING ADDRESS	CITY	STATE	MODEL
224 10th AVE	SLC	UT	IMAGERUNNER 2.
TINATION	MT LAUREL	NJ	SERIAL SF

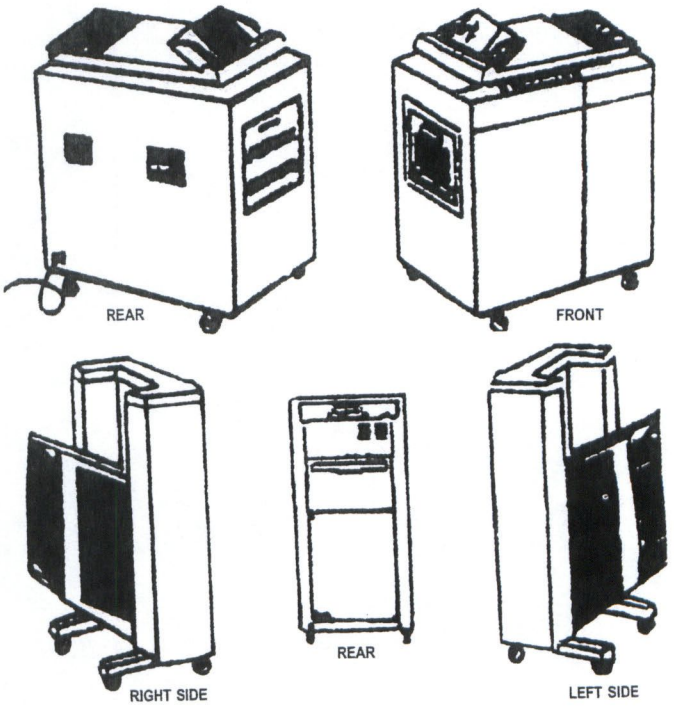
DESCRIPTIVE SYMBOLS		EXCEPTION SYMBOLS				LOCATION SYMBOLS		
Packed By Carrier	DBS – Disassembled By Shipper	BE – Bent	D – Dented	M – Marred	SO – Soiled	1. Arm	5. Left	9. Side
- Packed By er	MCU – Mechanical Condition Unknown	BR – Broken	F – Faded	R – Rubbed	T – Torn	2. Bottom	6. Leg	10. Top
Carrier sembled	CU – Contents and Conditions Unknown	BU – Burned	G – Gouged	RU – Rusted	W – Badly Worn	3. Corner	7. Rear	11. Veneer
		CH – Chipped	L – Loose	SC – Scratched	Z – Cracked	4. Front	8. Right	12. Edge
		NOTE: The omission of these symbols indicates good condition for normal wear.					13. Center	

M).	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION	EXCEPTIONS (IF ANY) AT DESTINATION
	011696685-B	CP-	

ORIGIN CONDITION



INDICATE CHANGES (IF ANY) AT DESTINATION



n necessary, draw in appropriate configuration
ELED SORTERS & FINISHERS MUST BE
ACHED BY SHIPPER

RACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE
ure)	12-1-14	(Signature)	
ER OR AUTHORIZED AGENT	DATE	SHIPPER OR AUTHORIZED AGENT	DATE
ure)	12-1-14	(Signature)	

ORIGINAL - SEND TO STI P.O. BOX 80520, FORT WAYNE, IN 46898-0520 AFTER FINAL DELIVERY