

SHIPPER ICON HEALTH AND FITNESS - BEAUMONT, CA		ACCOUNT INFORMATION ICON HEALTH AND FITNESS Shipper B/L # 80666832 Order # 666832 PO # 0000414735 RA # 415883650		CONSIGNEE BEV ROBISON 648 RANCH CIR ALPINE, UT 84004 801-879-0739	
LTL Carrier:	435234	41980000000			
LTL Pro #:	415883650	41976000000			
DP:	226542	41983123032			

Pieces	Manufacturer	SKU	LxWxH	Description	Weight
1	ICON FITNESS	PFEL57914		FITNESS EQUIPMENT	225
1	Total				225

Tanner
Chavez

Service
Failure

Did not Fill out/sign
POD

Description of Services Performed: **Threshold Delivery**

☒ Inside Delivery ☐ Room of Choice ☐ Unpack / Debris Removal / Basic Setup ☐ Assembly ☐ Connect Cable/DVD/VCR

Special Instructions: Deliver inside any first floor entryway of consignee's residence

Delivery Details: Start Time _____ End Time _____ # of Men _____ Stair Carry: # of Flights: N/A Room: _____

Check One: ☐ Delivery Completed ☐ Delivery Refused

text@nvclogistics.com **red1578d** **red1578r**

Exception Notes: _____

CONSIGNEE -- FOR YOUR PROTECTION, PLEASE READ BEFORE SIGNING:

Please inspect your carton(s) and residence upon completion of delivery. By signing below, you agree that: 1.) the delivery team has fully performed the services described above; 2.) the carton(s) are in satisfactory condition and there is no damage to the carton(s) or your residence. Any exceptions (ex. Damage) must be noted in writing in the "Exception Notes" area above.

Consignee Signature: [Signature] Print Name: Bev Robison Date: 12/17/14

Driver Signature: [Signature] Print Name: SF Date: _____



Questions? Please call
(800) 526-0207 or visit
www.mynvc.com

POD
TD

NVC Pro #
1649896

File # 1649896

Page 1 of 1

SHIPPER ICON HEALTH AND FITNESS - BEAUMONT, CA		ACCOUNT INFORMATION ICON HEALTH AND FITNESS Shipper B/L # 115645198 Order # 14038 PO # 27762783 RA # 415905011		CONSIGNEE FREDERICK TIMMERMAN 6358 WEST TIMMERMAN PLACE 340 3430 S WEST VALLEY CITY, UT 84128 801-558-3206	
LTL Carrier: 435234 41981000000 LTL Pro #: 415905011 41982000000 DP: 226542 41983130628					
Pieces	Manufacturer	SKU	LxWxH	Description	Weight
1	ICON FITNESS	PFTL59513		FITNESS EQUIPMENT	203
1	Total				203

Tanner Chavez Service Failure Did Not Fill out/sign POD

Description of Services Performed: Threshold Delivery

☒ Inside Delivery ☐ Room of Choice ☐ Unpack/Debris Removal/Basic Setup ☐ Assembly ☐ Connect Cable/DVD/VCR

Special Instructions: Deliver inside any first floor entryway of consignee's residence

Delivery Details: Start Time _____ End Time _____ # of Men _____ Stair Carry: # of Flights: N/A Room: _____

Check One: ☐ Delivery Completed ☐ Delivery Refused

text@nvclogistics.com red9896d red9896r

Exception Notes: _____

CONSIGNEE -- FOR YOUR PROTECTION, PLEASE READ BEFORE SIGNING:

Please inspect your carton(s) and residence upon completion of delivery. By signing below, you agree that: 1.) the delivery team has fully performed the services described above; 2.) the carton(s) are in satisfactory condition and there is no damage to the carton(s) or your residence. Any exceptions (ex. Damage) must be noted in writing in the "Exception Notes" area above.

Consignee Signature: Fred Timmerman Print Name: FRED TIMMERMAN Date: _____

Driver Signature: SF Print Name: SF Date: _____

*** Attention Delivery Team: Within 24-hours, please send POD to NVC via fax or email ***
*** Toll Free Fax Line: (800) 799-1635 - Email: POD@NVCLogistics.com ***

12/12/14

Doc: BOL-7 Ver: 2.10 12/3/2004

12-17 (2)

SHIPPER ICON HEALTH AND FITNESS - LOGAN, UT		ACCOUNT INFORMATION ICON HEALTH AND FITNESS Shipper B/L # 80689023 Order # 689023 PO # 0500175943 RA # 672200944		CONSIGNEE TIM HOLMSTROM 2567 W 12420 S RIVERTON, UT 84065 801-254-1501	
LTL Carrier: 435234 41982000000 LTL Pro #: 672200944 DP: 226542 41983130858					
Pieces	Manufacturer	SKU	LxWxH	Description	Weight
1	ICON HEALTH & FITN	PFTL99912	14x85x33	TREADMILL	255
1	Total				255

Tanner
Chavez

Service
Failure

Did not Fill out/sign
POD

Description of Services Performed: Threshold Delivery

☒ Inside Delivery ☐ Room of Choice ☐ Unpack / Debris Removal / Basic Setup ☐ Assembly ☐ Connect Cable/DVD/VCR

Special Instructions: Deliver inside any first floor entryway of consignee's residence

Delivery Details: Start Time _____ End Time _____ # of Men _____ Stair Carry: # of Flights: N/A Room: _____

Check One: ☐ Delivery Completed ☐ Delivery Refused

text@nvclogistics.com **red4852d** **red4852r**

Exception Notes: _____

CONSIGNEE -- FOR YOUR PROTECTION, PLEASE READ BEFORE SIGNING:

Please inspect your carton(s) and residence upon completion of delivery. By signing below, you agree that: 1.) the delivery team has fully performed the services described above; 2.) the carton(s) are in satisfactory condition and there is no damage to the carton(s) or your residence. Any exceptions (ex. Damage) must be noted in writing in the "Exception Notes" area above.

Consignee Signature: Tim Holmstrom Print Name: Tim Holmstrom Date: _____

Driver Signature: [Signature] Print Name: _____ Date: _____

*** Attention Delivery Team: Within 24-hours, please send POD to NVC via fax or email ***
*** Toll Free Fax Line: (800) 799-1635 - Email: POD@NVCLogistics.com ***

12/12/14

12/17 (3)

Doc: BOL-7 Ver: 2.10 12/3/2004