7

REDMAN VAN & STORAGE CO.

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

290100

TIME STARTED

TIME

	TIME ORDERED	C.O.D. CHARGE	PER	ORDER TAKEN BY	ORDER DATE	EST. COST	NO. ROOMS
11-21-14	8-5	NO CHARGE		JACIE	10-30-14		1

INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO	FREEZER	EST. WEIGHT
REG									193

SHIP FROM
SWBC
1436 S LEGEND HILLS DR
CLEARFIELD, UT 84015

ATTN: JOSH SPARROW PHONE 801-510-2853

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

ATTN: PHONE 972-4420

STORAGE LOT # ALL OUT TYPE EQUIPMENT NO. EITHER NUMBER OF PERSONNEL 2

BILL TO
STI 2750
BS045400
, 0000

CALL ext 315
TIME 2:50
EMAIL ☑ PERSON ☐

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

didnt verify serial #

TOTAL PACKING

SPECIAL INSTRUCTIONS:

PICK UP COPIER.
VERIFY SERIAL NUMBER
CORNERBOARD AND SHRINKWRAP
LGATE REQ.
PLEASE CALL 30 MIN PRIOR TO PU

★ ★ 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: DEPRECIATED VALUE PROTECTION FOR $ ______

REPLACEMENT COST PROTECTION FOR $ ______

DECLARED VALUE MUST EQUAL COST OF ENTIRE SHIPMENT

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

TIME ARRIVED	CUST. INITIAL
2:25 A.M. / P.M.	
TIME DEPART	**CUST. INITIAL**
2:50 A.M. / P.M.	

CUSTOMER SIGNATURE X

PRINT NAME Josh Sparrow

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

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.

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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 BS045400

CONTINUE BELOW

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	7292/C252				PUD 10/23/14-10/23/14 DEL 10/29/14-10/29/14	

ITEM 00001.0 SECG I

SHIP FROM
SHIPPER: GWBC ST.: 1436 S. LEGEND HILLS DR #110
CITY/ST.: CLEARFIELD UT ZIP: 84015 NOTIFY/PHONE: JOHS SPARROW 801 510 2853
COUNTY:

SHIP TO
SHIPPER: JC DELIVERY INC ST.: 870 N COWAN AVE
CITY/ST.: LEWISVILLE TX ZIP: 75057 NOTIFY/PHONE: LAUREN GRIMM 972 434 7767 EXT 206
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 ADDR.: PO BOX 1710
BEND OR 97709 ATTN:
P.O./NO.: 59215/PERLA

SPECIAL 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

PC CNT 2
1 RICOH 2952 SN: W423LA00149 (W/FIN)
USED: COPIERS: PACKAGING LOOSE
LIFTGATE AT ORIG/DST
:: ANY ADD. CHARGES MUST BE AUTH. BY BKR IN ADVANC
E ::   ** MUST BAR CODE ALL COPIER ACCESSORIE
S-NO EXCEPTIONS **   DRIVER DO NOT SHRINKWRAP/O
R STRAP SORTERS TOO TIGHT-   THEY CRACK & D
AMAGE EASILY !!!
MUST HAVE DRIVER AND HELPER @ ORIGIN
ANY DISCREPANCIES MUST BE CALLED INTO BOOKER IMMED
IATELY - DO NOT LOAD WITHOUT AUTHORIZATION BY BOOK
ER
IF ATTACHED - PLEASE REMOVE SORTERS OR FINISHERS P
RIOR TO   LOADING THE COPIERS
SPECIAL INSTRUCTIONS CONTINUED ON NEXT PAGE

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: 193 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

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.

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 7445
BS045400 CONTRACT NO.
APU DATE ____________

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

HAULED BY 1st ____________ CODE ______
v/v or set off location & code ____________ 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 ____________

NET WEIGHT	MILES	RATE	CHARGES	CODE
193	1247			
OTHER ACCESSORIALS-LIST	TYPE QTY.			
LIFTGATE	LG			ORD
INSURANCE S	BU 1			ORD

TOTAL CHARGES ____________

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

PAGE 01

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

GN10232

1A

PAGE NO.	NO. OF PAGES
1	1

VISUAL COPIER/SORTER INVENTORY

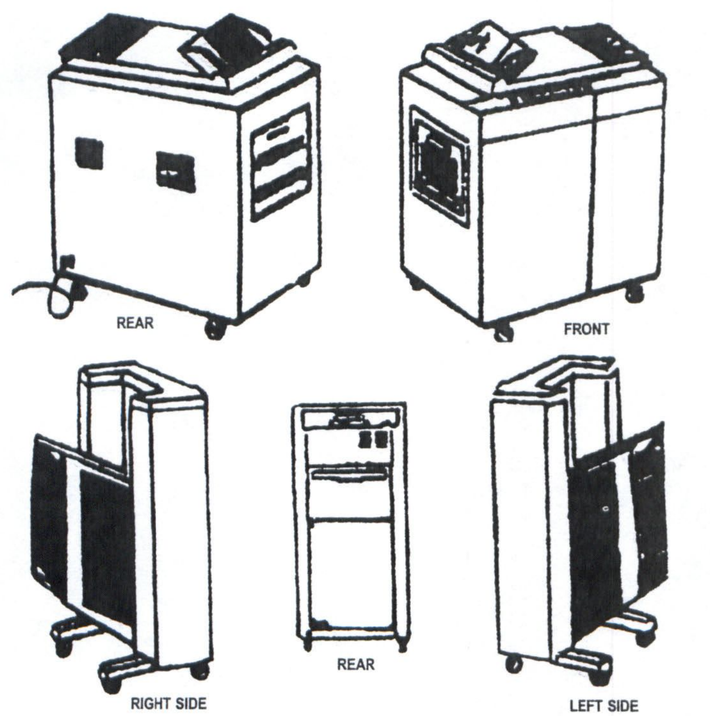
STI delivers
www.stidelivers.com

FIRST HAULER	HAULER CODE #	TRAILER #	CONTRACT 135045465
SHIPPER'S NAME SWBC			MAKE
ORIGIN LOADING ADDRESS 1436 S LEGEND Hill DR	CITY Clearfield	STATE UT	MODEL
DESTINATION	Lewisville.	TX	SERIAL

DESCRIPTIVE SYMBOLS		EXCEPTION SYMBOLS				LOCATION SYMBOLS		
CP – Packed By Carrier	DBS – Disassembled By Shipper	BE – Bent	D – Dented	M – Marred	SO – Soiled	1. Arm	5. Left	9. Side
PBS – Packed By Shipper	MCU – Mechanical Condition Unknown	BR – Broken	F – Faded	R – Rubbed	T – Torn	2. Bottom	6. Leg	10. Top
CD – Carrier Disassembled	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	

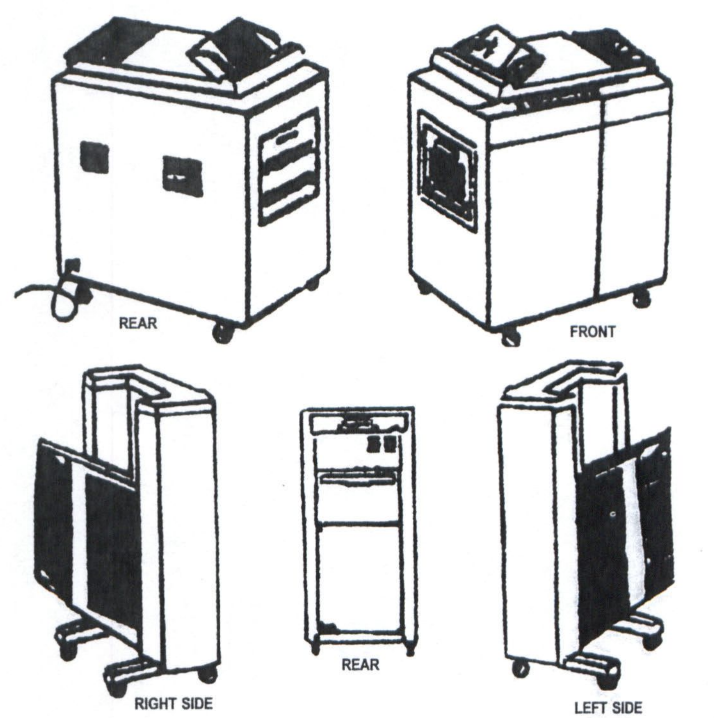
ITEM NO.	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION	EXCEPTIONS (IF ANY) AT DESTINATION
	012123745-B		
2			

ORIGIN CONDITION



When necessary, draw in appropriate configuration
WHEELED SORTERS & FINISHERS MUST BE DETACHED BY SHIPPER

INDICATE CHANGES (IF ANY) AT DESTINATION



CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE
(Signature)	11-21-14	(Signature)	
SHIPPER OR AUTHORIZED AGENT	DATE	SHIPPER OR AUTHORIZED AGENT	DATE
(Signature)	11/21/14	(Signature)	