



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

POD  
TD

NVC Pro #  
**1654852**

File # **1654852**

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

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: [Signature] 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

12/12/14