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

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IN CASE OF NEED CONTACT
AREA CODE (260) 429-3801

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

NOT NEGOTIABLE

CONTRACT NUMBER

SX431209

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	7252/7252				PUD 02/22/16-02/26/16 DEL 03/00/16-03/09/16	

307-212-0892

ITEM 00001.0 SSEQ D

FROM
SHIPPER ESCO CORPORATION ST. 1089 FOOTHILLS BLVD NOTIFY/PHONE BRENT 307 212 0892
CITY/ST. ROCK SPGS WY ZIP 82902
COUNTY

TO
SHIPPER PACIFIC OFFICE AUTOM ST. 14747 NW GREENBRIER PKWY NOTIFY/PHONE DYLAN YOUMANS 503 601 9026
CITY/ST. BEAVERTON OR ZIP 97006
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.

NAME SCHOCK LOGISTICS INC ADDR PO BOX 1710 P.O./NO. 00074 / KEVIN
RENO NV 89520 ATTN:

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

SPECIAL INSTRUCTIONS

CNT 2
KONICA BH 364E SN:A61F011020040 W/FIN
ID: COPIERS: PACKAGING LOOSE
LTGATE 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
STRAP SORTERS TOO TIGHT - THEY CRACK & DAMAGE EASILY !!!
MUST HAVE DRIVER AND HELPER @ ORIGIN
ANY DISCREPANCIES MUST BE CALLED INTO BOOKER IMMEDIATELY - DO NOT LOAD WITHOUT AUTHORIZATION BY BOOKER
ATTACHED - PLEASE REMOVE SORTERS OR FINISHERS PRIOR TO LOADING THE COPIERS
SPECIAL INSTRUCTIONS CONTINUED ON NEXT PAGE

STI did not get an inbound

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: 219 pounds.

Shipper Signature X Brent Bettel

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 ____

NAME ____ PHONE # ____ DATE ____
NAME ____ 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 DESCRIPTIVE INVENTORY IS: ____ PIECE COUNT

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE ____ CONTRACT NO. SX431209

1st REDMAN VAN & ST CODE P73500 APU DATE
HEBER UT 7445 DATE
2nd ____ CODE
DATE
3rd ____ CODE
DATE
4th ____ CODE
DATE
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 / /

NET WEIGHT	MILES	RATE	CHARGES	CODE
219	0904			

OTHER ACCESSORIALS-LIST	TYPE	QTY.		CODE
LIFTGATE	LG			ORD
ORIG BEYOND	JR	1		ORD
INSURANCE 6	BU	1		ORD
ORIG ATTEMP	BC			

TOTAL CHARGES

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

Form STI-DP 379 07/09

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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.