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MUST INPUT POD ON APP WHEN JOB COMPLETED

CRST SPECIALIZED TRANSPORTATION

Delivery Receipt

Order #: 1627692 **Account Ref #** 89480038450020160604 **Date:** **Time Window:** 09:00AM-01:00PM

Account Name: Sears Logistics-(White Space) Agent Name: STI Logistics-Salt Lake LC (STL) 7445/Home Express Agent Phone: 801-972-4420

did not recap

Ship To(from):

Consignee	SHEPARDSON DEE	Address:	173HILLSIDE DR		
City	LANDER	State:	WY	Zip Code:	82520
Home Phone:	(307) 332-4609	Cellular Phone::		Business Phone:	

Product Description:
PN: 671-20379-XXX Desc: CM 22HP KOHLER ENGINHYDRO (pcs: 1) (qty: 1)

Account Instructions:
Premier Service ALL GAS HOOK UP WILL BE COORDINATED WITH 3RD PARTY INSTALL. IF YOU HAVE AN ORDER THAT REQUIRES A GAS HOOK UP LET YOUR COORDINATOR KNOW AND WE WILL SET UP A 3RD PARTY TECH TO MEET YOU ONSITE. 2man, inside. Room of Choice, 2 floors 20 min, debris removal and "light assembly" MUST CALL HOME EXPRESS FROM SITE WITH ANY ISSUES: 877-903-0636

Order Notes:
671-20379-XXX: CM 22HP KOHLER ENGINHYDRO - 671 20379 SETUP PUT IN PLACE

Site Notes:
"1 hour" contact: Ph #: At Site Contact:

Comments:

BEFORE SIGNING please confirm Home Express delivery by calling toll free 866-863-8116.
Customer Initial
___1.Merchandise received in good condition without any visible defects.(if no, add comments)
___2.There was no property damage during the delivery(or pick-up).(if yes there was,add comments)
___3.The product was properly delivered and has met customer satisfaction for assembly.(if no, add comments)
Damaged Product
___1.Merchandise damaged, packing material not damaged.(add comments)
___2.Merchandise damaged, packing material damaged in relationship to merchandise damage.(add comments)
Customer Signature: Dee Shepardson **Print Name:** Dee Shepardson
Date: **Time of Arrival:** **Time of Departure:**

Special Services Included in Rate:

Extra Labor(Heavy) ☐	Total Laborers		Arrive Time		Departure Time
Waiting Time(>15 min) ☐			Arrive Time		Departure Time
Stair Carry(> 3 flights) ☐	Special Truck ☐		Time Specific ☐		Refusal ☐
Any Services with ☑ were performed		Customer Initials			

Anti Tip Installed: Circle YES/NO If NO, Control Code:
If NO, Please Circle Reason: A)3rd Party Install B)Customer Declined C)Anti-Tip Short/DMG

Driver Name: Attempt: ☐