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CRST SPECIALIZED TRANSPORTATION

Delivery Receipt

MUST INPUT POD ON APP WHEN JOB COMPLETED

Order #: 1621358 **Account Ref #** 89480073181020160524 **Date:** 07/01/2016 **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

ST

Ship To(from):
Consignee SAMUELSON ROXANNE Address: 426 N. 2ND STREET WEST
City RIVERTON State: WY Zip Code: 82501
Home Phone: (307) 856-6498 Cellular Phone:: Business Phone: (307) 850-8229

did not scan

Product Description:
PN: 626-44523-XXX Desc: GE GFWR4805FM 4805 RISER (pcs: 1) (qty: 1),PN: 626-84323-XXX Desc: GE GFDR275EHM GFDR275EHMC (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:
626-44523-XXX: GE GFWR4805FM 4805 RISER - 626 44523 LEAVE IN CARTON, 626-84323-XXX: GE GFDR275EHM GFDR275EHMC - 626 84323 LEAVE IN CARTON

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: Gabriel Samuelson **Print Name:** Gabriel Samuelson 750pm
Date: _____ **Time of Arrival:** 730pm **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: ☐