STI delivers

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

(1)

IN CASE OF ... AREA CODE (260) 429-3801

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER K0078400

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N30405 003 ITEM 00049.0 SSEQ B	7799/7799				PUD 06/17/16-06/17/16 DEL BY -06/24/16	

SHIP FROM

SHIPPER: PANORAMIC CORPORATIO ST. 4321 GOSHEN RD
CITY/ST.: FT WAYNE IN ZIP 46818
COUNTY:
NOTIFY/PHONE: DEREK F. OR KEL 800 654 2027

CF NT

SHIP TO

SHIPPER: DR DONALD FRAKES ST. 901 CENTER STREET
CITY/ST.: EVANSTON WY ZIP 82930
COUNTY:
NOTIFY/PHONE: DR FRAKES 307 789 3496

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: PANORAMIC CORPORATIO ADDR. 4321 GOSHEN RD
FORT WAYNE IN 46818 ATTN: 8006542027 P.O./NO. 4729

SPECIAL INSTRUCTIONS

PC CNT 2
** X-RAY UNIT / DIMS= 2.5' X 3' X 5.5'H / TOP HEAVY **
NEW: MEDICAL: PACKAGING LOOSE
DO NOT PALLETIZE ** 2 MEN INSIDE DELY - TECH WILL ASSEMBLE SET IN PLACE, REMOVE DEBBIS, BIG RED DOLLY***NO FORKLIFTS*** SHOCK WATCH ON MACHINE *** MACHINE IS TOP HEAVY***
LIFTGATE AT DST
MUST MAKE PRE-CALL. ATTEMPTS MUST BE AUTH BY B/A
CSR IS VANESSA TONKEL, PH# 260-459-6926, E-MAIL VTONKEL@HOOVERMOVER.COM

did not recap

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

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: 485 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
6-19-16	2PC	A3	

ORIG: Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____

DEST: Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____

ORIG. NAME	PHONE #	DATE
DEST. NAME	PHONE #	DATE
BKKR	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.

TOTAL **PIECE COUNT** PER ATTACHED DESCRIPTIVE INVENTORY IS: _____ PIECE COUNT

{ MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE _____ K0078400 CONTRACT NO.

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 THE LINDENBERG 08790 CODE
v/v or set off location & code COLUMBUS OH 7473 I 061716 DATE
HAULED BY 2nd ZAK AND SON'S T B31600 CODE
v/v or set off location & code LOCKPORT IL 7686 I 061816 DATE
HAULED BY 3rd 3RD PARTY NETWO Q9538 CODE
v/v or set off location & code ORANGER UT 7445 I 062416 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
700	1447			
OTHER ACCESSORIALS-LIST TYPE	QTY.			
LIFTGATE LG				ORD
DEST BEYOND JR	1			ORD
TOTAL CHARGES				

CHARGES PAYABLE IN U.S. CURRENCY OR ITS EQUIVALENT

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