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: JJ707600

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N02014 003 ITEM	7609/7609 SSEG D				PUD 06/16/16-06/16/16 DEL BY -07/01/16	

FROM
SHIPPER: CYBEX INTL — 51 ALDER STREET
CITY/ST.: MEDWAY — ST. MA — ZIP 02053
COUNTY:
NOTIFY/PHONE: OMAR 508 533 4167

TO
SHIPPER: PRESERVE AT ROCK SPR — ~~2226~~ 2225 REAGAN AVENUE
CITY/ST.: ROCK SPGS — ST. WY — ZIP 82901
COUNTY:
NOTIFY/PHONE: SARAH JENSEN 307 362 5444

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: CYBEX INTL INC % NEX — ADDR.: 802 FAR HILLS DR
NEW FREEDOM PA 17349
ATTN:
P.O./NO.: DOM0091890

NXT

SPECIAL INSTRUCTIONS
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

PC CNT 1
PKUP TIME 08:00-16:50AM DELV TIME
NEW: EXERCISE, SPORTS, RECREATION EQUIPMENT: PACKA
GING LOOSE
INSIDE DELIVERY REQUESTED 2 MAN MINIMUM ADD'L MAY
BE REQUIREDDEBRIS AND LABOR PAID CALL BOOKER AT 6
51-639-2910
PRE-CALL 24/48HRS BEFORE TO SCHEDULE DELIVERY WITH
CUSTOMER
CSR IS CHERYL WENCL, PH# 507-414-4295, E-MAIL CWEN
CL@CYBEXINTL.COM

CP

did not recap

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: 514 pounds.

Shipper Signature X [signature]

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
	ipc	BC-4	
7/19/16	JPC	CS	

ORIG: Arrive: ______ Depart: ______ Van Crew(#): ______ Initials ______
DEST: Arrive: ______ Depart: ______ Van Crew(#): ______ Initials ______
ORIG. NAME ______ PHONE # ______ DATE ______
DEST. NAME ______ PHONE # ______ DATE ______
BKR- ______ 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: 1
PIECE COUNT

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE: 7247 — JJ707600 CONTRACT NO.
APU DATE: 06/16/16

X Mario Estrada — 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.

MARIO ESTRADA
CONSIGNEE PRINTED NAME

ACTUAL DELIVERY DATE / /

HAULED BY 1st ______ CODE ______
or set off location & code ______ DATE ______
HAULED BY 2nd ______ CODE ______
or set off location & code ______ DATE ______
HAULED BY 3rd ______ CODE ______
or set off location & code ______ DATE ______
HAULED BY 4th ______ CODE ______
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	2154			

OTHER ACCESSORIALS-LIST	TYPE	QTY.		

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.