(12)

CRST SPECIALIZED TRANSPORTATION

Delivery Receipt nt

DEL

Order #: 1626507 **Account Ref #** 89480040930020160602 **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

Ship To(from):

Consignee	CHURCH LIGHTHOUSE	Address:	1510 LEWIS STREET		
City	RIVERTON	State:	WY	Zip Code:	82501
Home Phone:	(307) 851-6788	Cellular Phone::		Business Phone:	(307) 463-2782

SF

Product Description:
PN: 622-15009-XXX Desc: 50 AMP,4 WIRE 5 FT - ELEC (pcs: 1) (qty: 1),PN: 622-49694-XXX Desc: GAS CONN RNG,5' (pcs: 1) (qty: 1),PN: 622-65812-XXX Desc: FS RANGE ELECTRIC (pcs: 1) (qty: 1),PN: 622-65902-XXX Desc: FS RANGE GAS (pcs: 1) (qty: 1),PN: 646-88692-XXX Desc: 22CF BM WH, (pcs: 1) (qty: 1)

did not accept

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:
646-88692-XXX: 22CF BM WH, - 646 88692 LEAVE IN CARTON, 622-15009-XXX: KM 50 AMP 5FT RANGE CORD - 622 15009, 622-65812-XXX: FS RANGE ELECTRIC - 622 65812 SETUP PUT IN PLACE, 622-49694-XXX: GAS CONN RNG,5 - 622 49694, 622-65902-XXX: FS RANGE GAS - 622 65902 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
MP 1.Merchandise received in good condition without any visible defects.(if no, add comments)
MP 2.There was no property damage during the delivery(or pick-up).(if yes there was,add comments)
MP 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: Marva Pedersen **Print Name:** Marva Pedersen
Date: 7-1-16 **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: ☐