BAR CODE DESCRIPTIVE INVENTORY

www.stidelivers.com

LABEL COLOR _____ NOS. _____ THRU _____

FIRST HAULER	CODE # 7912
SHIPPER'S NAME CUBEX	
ORIGIN LOADING ADDRESS CITY OWATONNA STATE MN	
DESTINATION BIG TIMBER MT	

PAGE NO. 1	NO. OF PAGES 1
CARRIER'S REFERENCE NO.	
CONTRACT OR GBL. NO. JJ 9573	
GOVT. SERVICE ORDER NO.	
TRAILER NUMBER	

DESCRIPTIVE SYMBOLS

CP - Packed By Carrier; DBS - Disassembled By Shipper; PBS - Packed By Shipper; MCU - Mechanical Condition Unknown; CD - Carrier Dis-assembled; CU - Contents and Condition Unknown

EXCEPTION SYMBOLS

BE - Bent; D - Dented; M - Marred; SO - Soiled; BR - Broken; F - Faded; R - Rubbed; T - Torn; BU - Burned; G - Gouged; RU - Rusted; W - Badly Worn; CH - Chipped; L - Loose; SC - Scratched; Z - Cracked

NOTE: The omission of these symbols indicates good condition for normal wear.

LOCATION SYMBOLS

1. Arm; 2. Bottom; 3. Corner; 4. Front; 5. Left; 6. Leg; 7. Rear; 8. Right; 9. Side; 10. Top; 11. Veneer; 12. Edge; 13. Center

WEIGHT CLASSIFICATIONS: A) LOOSE OR CARTONED ITEMS UNDER 80 LBS. B) ITEMS SKIDDED SECURED C) ITEMS ON WHEELS D) ITEMS NOT ON WHEELS OVER 80 LBS.

ITEM NO.	INVENTORY TRACKING NUMBERS	CLASS.	ITEM DESCRIPTION AND CONDITION AT ORIGIN	EXCEPTIONS (IF ANY) AT DESTINATION
	010634013-B		8' HALF RACK PBS, MCU	
	010634012-B		ADJ BENCH MCU	
	010634011-B		DIP HANDLE PBS	
			8/12 - Hansen driver only delivered 2 of 3 pcs. SF	

"WE HAVE CHECKED ALL THE ITEMS LISTED AND NUMBERED ON THIS PAGE INCLUSIVE AND ACKNOWLEDGE THAT THIS IS A TRUE AND COMPLETE LIST OF THE ITEMS TENDERED AND OF THE STATE OF THE ITEMS RECEIVED."

IMPORTANT NOTICE → BEFORE SIGNING - CHECK SHIPMENT, COUNT ITEMS AND DESCRIBE LOSS OR DAMAGE IN SPACE ON THE RIGHT ABOVE.

AT ORIGIN	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) (Signature)	DATE	AT DESTINATION	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER) (Signature)	DATE
	SHIPPER OR AUTHORIZED AGENT (Signature)	7/17 DATE		SHIPPER OR AUTHORIZED AGENT (Signature)	7/30/14 DATE 7/30/14

ORIGINAL – SEND TO STI, P.O. BOX 80520 FT. WAYNE, INDIANA 46898-0520 AFTER FINAL DELIVERY

STI

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

IN CASE OF NEED CONTACT AREA CODE (260) 429-3801

NOT NEGOTIABLE

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER JJ957300

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 003A	7609/7609				PUD 07/17/14-07/18/14 DEL BY -08/01/14	7/17

ITEM 00005.0 SSEG D

SHIP FROM
SHIPPER CYBEX INTERNATIONAL ST. 1975 24TH AVE SW
CITY/ST. OWATONNA MN ZIP 55060 NOTIFY/PHONE CHERYL WENCL 800 824 4070 EXT 14295
COUNTY

SHIP TO
SHIPPER HOBBLE DIAMOND RANCH ST. 435 SHANKS BASIN WEST RD
CITY/ST. BIG TIMBER MT ZIP 59011 NOTIFY/PHONE JIM ROBERTSON 406 579 0849
COUNTY

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 INTERNATIONAL ADDR 802 FAR HILLS DR
NEW FREEDOM PA 17349 ATTN:
P.O./NO. DOM0081590

SPECIAL INSTRUCTIONS

PC CNT 3
NEW: EXERCISE, SPORTS, RECREATION EQUIPMENT: PACKA
GING LOOSE
CURBSIDE DELIVERY
CONTACT JIM ROBERTSON @406-579-0849 TO SCHEDULE DE
L APPOINT!! AHEAD, CONTACT BOOKER IF UNABLE TO REA
CH CUSTOMER AT PRE-CALL CALL BOOKER AT 800 824 407
0 XT 14295 WITH QUESTIONS
LIFTGATE AT DST
CSR IS CHERYL WENCL, PH# 507-414-4295, E-MAIL CWEN
CL@CYBEXINTL.COM

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: 860 pounds.

Shipper Signature X _____

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

X _____ Expedited service ordered by shipper. Deliver on or before _____

X _____ Selected delivery date service ordered by shipper. 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
7-20-14	3PCMC	EB	

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: 3 PIECE COUNT

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE _____ APU DATE _____

JJ957300 CONTRACT NO.

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.

James L Robertson 7/30/14
CONSIGNEE PRINTED NAME ACTUAL DELIVERY DATE

HAULED BY 1st BELTMANN GROUP CODE 791200
v/v or set off location & code ROSEVILLE MN 7609 I DATE 071714
HAULED BY 2nd QORHEY TRANSPOR L18100 CODE
v/v or set off location & code ROCKPORT IL 7686 I DATE 071814
HAULED BY 3rd _____ CODE _____
v/v or set off location & code _____ 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
860	0930			
OTHER ACCESSORIALS-LIST	TYPE QTY.			
LIFTGATE	LG			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