STI delivers

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

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER EU655784

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP
N90106 003	4102/4102				PUD 08/05/14-08/08/14 DEL 08/15/14-08/18/14	

ITEM SSEQ D

SHIP FROM
SHIPPER HOG & HARRELL, TRUMAN ST. 556 YELLOWSTONE AVE
CITY/ST. CODY WY ZIP 82414 NOTIFY/PHONE KATHY 307 527 45
COUNTY EXT 0001

SHIP TO
SHIPPER MOTORCYCLE ENTHUSIAS ST. 5138 COMMERCIAL WAY
CITY/ST. SPRINGHILL FL ZIP 32362 NOTIFY/PHONE TRUMAN 863 370 62
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 THE APPLICABLE TARIFF.

BILL TO
NAME FEDERAL WAREHOUSE CO 10 ADDR. NATIONAL RD
EAST PEORIA IL 6161 ATTN: 2172411557 P.O./NO. 0717008 235150

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
(NONE)
DRIVER MUST NOTATE ANY DAMAGE TO BIKE AT DELV.& I
VE CUSTOME R SIGN FOR DAMAGE AT DELV. DRIVER MUS
REMOVE BIKE FROM SKID AND TAKE BACK TO DC- UNLE
SS IT IS NOTED THAT THE SKID BELON GS TU CUSTOME
MUST VERIFY BIKE INFO (MODEL,COLOR,VIN) DRIVER MU
T VERIFY G AS LEVEL @ 1/8TH TANK OR LESS. IF NO
CUSTOMER NEEDS TO DRA IN WHILE DRIVER COMPLETES
INVENTORY. PUT ON SKID AT TIME OF LOAD, PAD WRA
WELL, STICKER HEADLIGHT ONLY
(NONE)
KTM

VBKV19403EM902030

C3447 PREPAY TO BOOKER /KTM 2011 ORANGE/BLACK ADV
NTURE 1190 VN# VBKV19403EM902030(1 BIKE)/CALL 24H
RS B/4 LD-NO GAS!/ORG -CODY CUSTOM CYCLE/DST-MI

WEIGHT	ORIGINAL	REWEIG
GROSS		
TARE		
NET		

Shipper: The tare weight of the vehicle (including the shipments on board) be entered on the line prior to loading your shipment on the vehicle.

Shipment consists solely of containers or machinery and shipper certifies the weight of the shipment to be: 000 Pounds

Shipper Signature X Donna Kelly

SHIPPER'S SIGNATURE FOR SPECIAL SERVIC

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

Selected delivery date service ordered by shipper

X _____ Deliver on or before _____ DATE AGREED WI

X _____ Shipment completely occupied a _____ cu. ft. vehicle

X _____ Exclusive use of a _____ cu. ft. vehic ordered

X _____ Space occupied _____ cu. ft. (@ 7lbs./cu. ft.)

VALUATION STATEMENT

This shipment is released to Carrier upon the terms and conditions and of liability contained in the applicable tariff, unless otherwise noted here authorized Carrier representative. If the shipper desires to increase Carrier's the shipper must contact the Carrier representative that registered the with Carrier and obtain Carrier's approval for such increased liability. CA DRIVER IS NOT AUTHORIZED TO CHANGE THE TERMS AND COND INCLUDING WITHOUT LIMITATION CARRIER'S LIABILITY, APPLICABLE SHIPMENT. Carrier shall have no liability above the released value contain tariff if Carrier has not agreed in advance to such increased liability and th has not paid the increased rate applicable thereto.

DATE	PTS ID/INITIALS	LOCATION	TIME

ORIG: Arrive: _____ Depart: _____ Van Crew(#): _____ Initials _____
DEST: Arrive: 9:30 Depart: 10:30 Van Crew(#): 1 Initials JK

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

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

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE 7445 EU655784 CONTRACT NO.

APU DATE 08/05/14

8/18 Hansen driver diant get inbound

X _____

DELIVERY ACKNOWLEDGEMENT: All listed services were rendere property described has been received in apparent good condition excep on other shipping documents.

CONSIGNEE PRINTED NAME _____ ACTUAL DELIVER

HAULED BY 1st _____ CODE _____
v/v or set off location & code _____ DATE _____
HAULED BY 2nd _____ CODE _____
v/v or set off location & code _____ DATE _____
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	C
1295	1944			
OTHER ACCESSORIALS-LIST	TYPE	QTY.		
ORIG BEYOND	JB	1		
DEST BEYOND	JB	1		
ADDITIONAL	98	1		
INSURANCE S	IN	1		
		TOTAL CHARGES		

CHARGES PAYABLE IN U.S. OR ITS EQUIVALENT

Jonathan Hansen

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