STI delivers

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

AREA CODE (260) 429-3801

BILL OF LADING & FREIGHT BILL

US DOT 1278850 MC 497943

CONTRACT NUMBER FE317300

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DAT
N30569 003	7698/7698				PUD 08/15/14-08/15/14 DEL 08/21/14-08/22/14	

SHIP FROM

ITEM SSEG D
SHIPPER PACIFIC OFFICE AUTOM ST. 1325 W 2200 S, STE A
CITY/ST. SALT LK CI UT ZIP 84119 NOTIFY/PHONE CLARK OR RUSLAN 801 990 4001
COUNTY

SHIP TO

SHIPPER ALL LEASING SERVICES ST. 9701 RESEARCH DR
CITY/ST. IRVINE CA ZIP 92618 NOTIFY/PHONE TONY LAMBERT 866 727 3750
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 PACIFIC OFFICE AUTOM ADDR. 14342 NW GREENBRIER PKWY
BEAVERTON OR 9700 ATTN: P.O./NO. 5036012349 75-0005549

SPECIAL INSTRUCTIONS

PC CNT 1
FULL SERVICE BLANKETWRAP (1)RICOH C2800,SN V1495600
0067 RA# IK00199089
USED: COPIERS: PACKAGING LOOSE
LIFTGATE AT ORIG/DST
VALUATION OF $1000
CALL PRIOR TO PICKUP
CALL PRIOR TO DELIVERY
CSR IS NEAL PEAK, PH# 503-620-6580, E-MAIL PEAKNE@PEAKPARTNERSHIP.NET

Did not verify S/N
Jon Hanson

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: _____ pounds.

Shipper Signature X _____

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

X _____ Expedite 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.)

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.

DATE	PTS ID/INITIALS	LOCATION	TIME

ORIG: Arrive: 10:40 Depart: 12:15 Van Crew(#): 1 Initials GW

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

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 FE317300 CONTRACT NO.

APU DATE 08/14/14

HAULED BY 1st _____ CODE _____
w/v or set off location & code _____ DATE _____
HAULED BY 2nd _____ CODE _____
w/v or set off location & code _____ DATE _____
HAULED BY 3rd _____ CODE _____
w/v or set off location & code _____ DATE _____
HAULED BY 4th _____ CODE _____
w/v or set off location & code _____ DATE _____
carrier conv. delivery by _____ CODE _____

PAYMENT RECEIVED

BY _____
AMOUNT _____
DATE _____
CK # _____
BANK NAME _____
BANK ADDRESS _____

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

NET WEIGHT	MILES	RATE	CHARGES	CODE
270	0691			
OTHER ACCESSORIALS-LIST	TYPE	QTY.		
LIFTGATE	LG			ORD
ADDITIONAL	99	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.

PAGE NO.	NO. OF PAGES

VISUAL COPIER/SORTER INVENTORY

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www.stidelivers.com

FIRST HAULER	HAULER CODE #	TRAILER #	CONTRACT FE 317300
SHIPPER'S NAME POA			MAKE
ORIGIN LOADING ADDRESS 1325 W 2200 S	CITY Salt Lake City	STATE UT	MODEL
DESTINATION ~~Irvine~~ 9701 Research Dr. Irvine, CA			SERIAL SF

DESCRIPTIVE SYMBOLS

CP – Packed By Carrier	DBS – Disassembled By Shipper
PBS – Packed By Shipper	MCU – Mechanical Condition Unknown
CD – Carrier Disassembled	CU – Contents and Conditions 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

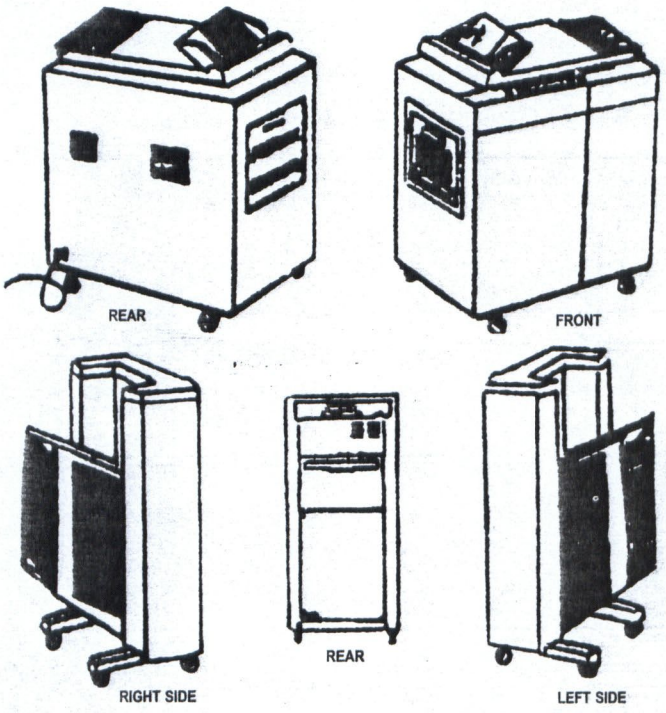
NOTE: The omission of these symbols indicates good condition for normal wear.

LOCATION SYMBOLS

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

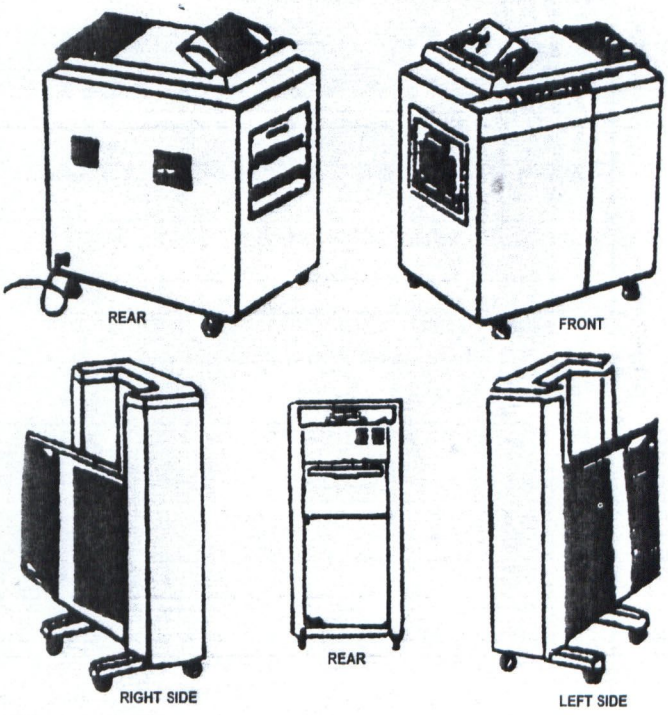
ITEM NO.	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION	EXCEPTIONS (IF ANY) AT DESTINATION
1	011647621-B	Copier - PBS, MCU, ~~[illegible]~~	

ORIGIN CONDITION



When necessary, draw in appropriate configuration
WHEELED SORTERS & FINISHERS MUST BE DETACHED BY SHIPPER

INDICATE CHANGES (IF ANY) AT DESTINATION



CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE	CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)	DATE
(Signature) Jonathan Hanser	8/20/14	(Signature)	
SHIPPER OR AUTHORIZED AGENT	DATE	SHIPPER OR AUTHORIZED AGENT	DATE
(Signature)		(Signature)	

ORIGINAL - SEND TO STI, P.O. BOX 80520, FORT WAYNE, IN 46898-0520 AFTER FINAL DELIVERY

STI-821 (1/08)

(Dist copies - #2 = Origin Customer; #3 = Delivery Customer; #4 = Delivery Van Operator)

CVI