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 FE317700

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DA
N30569 003	7698/7699				PUD 08/20/14-08/20/14 DEL 08/29/14-09/02/14	

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 ARS ST. 22455 72ND AVENUE SOUTH
CITY/ST. KENT WA ZIP 98032 NOTIFY/PHONE RECEIVING 206 489 2400
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 UPO THE APPLICABLE TARIFF.

BILL TO
NAME PACIFIC OFFICE AUTOM 14347 NW GREENBRIER PKWY
BEAVERTON OR 97006 ATTN: P.O./NO. 5036013349 75-0000564

SPECIAL INSTRUCTIONS

BILLING INSTRUCTIONS: Charges payable by certified check or cashier's check (per tariff) made payable to STI at
☐ Origin ☐ Before delivery ☐ X Carrier shall bill above party

PC CNT 3
FULL SERVICE BLANKETWRAP CANON COPIERS AS FOLLOWS:
(1)IR3235, SN DCA01616, (1)3225, SN DFG11493, (1)5050, SN DZA03084 LEASE CONTRACT# 24985738, RA# RCTR1407-001456
USED: COPIERS: PACKAGING LOOSE
LIFTGATE AT ORIG/DST
VALUATION OF $5000
CALL PRIOR TO PICKUP
CALL PRIOR TO DELIVERY
CSR IS NEAL PEAK, PH# 503-620-6580, E-MAIL PEAKN PEAKPARTNERSHIP.NET

Did not verify S/N
Jon Hancock

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

Selected delivery date service ordered by shipper

X _____ Deliver on or before _____ DATE AGREED WEIGH

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

ORIG: Arrive: 10:00 Depart: 12:15 Van Crew(#): 1 Initials nm

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 FE317700 CONTRACT NO.

HAULED BY 1st _____ CODE _____ APU DATE _____

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 _____

X _____ CONSI

DELIVERY ACKNOWLEDGEMENT: All listed services were rendered and property described has been received in apparent good condition except as n on other shipping documents.

CONSIGNEE PRINTED NAME _____ ACTUAL DELIVERY DA

VALUATION STATEMENT

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

NET WEIGHT	MILES	RATE	CHARGES	CODE
900	0826			
OTHER ACCESSORIALS-LIST	TYPE	QTY.		
LIFTGATE	LG	1		ORI
ADDITIONAL	28	1		ORI
			TOTAL CHARGES	

CHARGES PAYABLE IN U.S. CURI OR ITS EQUIVALENT

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

PAGE NO. | NO. OF PAGES

VISUAL COPIER/SORTER INVENTORY

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FIRST HAULER	HAULER CODE #	TRAILER #	CONTRACT
SHIPPER'S NAME POA			MAKE
ORIGIN LOADING ADDRESS 1325 W 2200 S	CITY Salt Lake City	STATE Ut	MODEL
DESTINATION 22455 72nd Ave South Kent WA			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

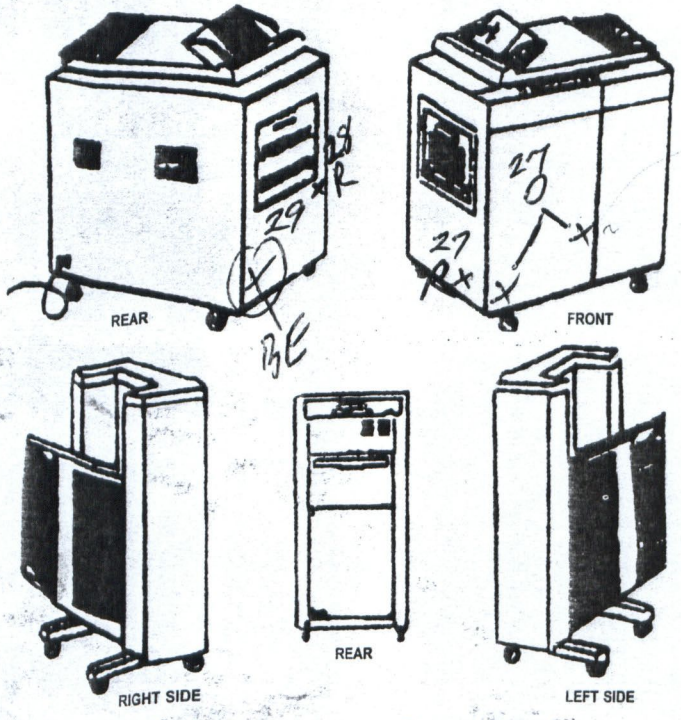
NOTE: The omission of these symbols indicates good condition for normal wear.

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	

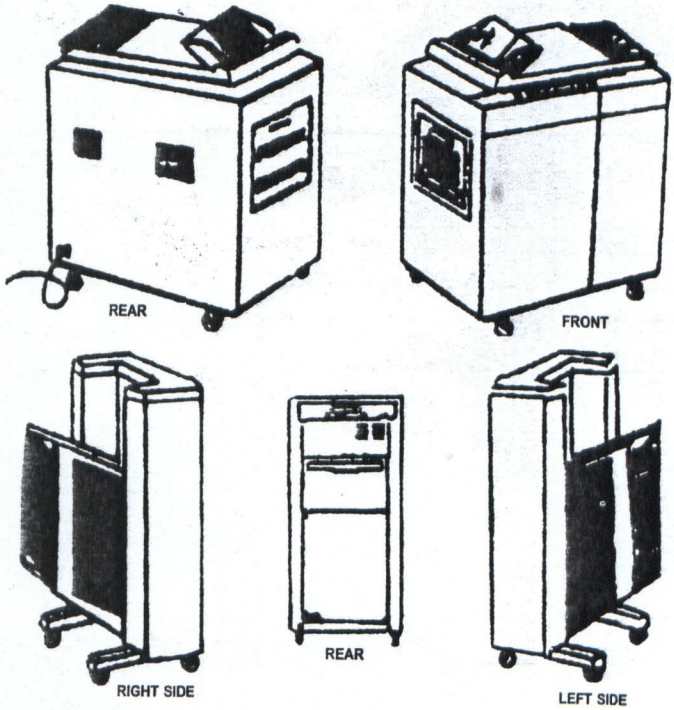
ITEM NO.	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION	EXCEPTIONS (IF ANY) AT DESTINATION
1	011647629-B	Copier - PBS, MCU, BE-1-2	
2	011647628-B	Copier - PBS, MCU, R-1,3,3	
3	011647627-B	Copier - PBS, MCU, ~~BE-1-2~~ DE-4,2 R-2,8	

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

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