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: FE317500

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N30569 003	7698/7698				PUD 08/19/14-08/19/14 DEL 08/27/14-08/28/14	

ITEM SSEG D

SHIP FROM
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. 9707 AERO DRIVE
CITY/ST. SAN DIEGO CA ZIP 92123 NOTIFY/PHONE RECEIVING 888 253 3869
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. 14747 NW GREENBRIER PKWY
BEAVERTON OR 97006 ATTN: 5036012349 P.O./NO. 75-0000395

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 2
FULL SERVICE BLANKETWRAP (1)RICOH MP5000SP,SN M579
4901753, (1)RICOH MPC5000,SN V1395100281, CONTR
ACT# 036-0019360-000
USED: COPIERS: PACKAGING LOOSE
LIFTGATE AT ORIG/DST
VALUATION OF $8000
CALL PRIOR TO PICKUP
CALL PRIOR TO DELIVERY
CSR IS NEAL PEAK, PH# 503-620-6500, E-MAIL PEAKN@
PEAKPARTNERSHIP.NET

Did not verify S/N

Jon Hanson

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 500 pounds.

Shipper Signature X [signature]

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

ORIG: Arrive: 10:00 Depart: 12:15 Van Crew(#): 1 Initials [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: ____ PIECE COUNT

MUST BE COMPLETED BY FIRST PICKUP AGENT OR HAULER

AUTHORIZED PICK UP CODE 7445
CONTRACT NO. FE317500
APU DATE ____

HAULED BY 1st ULTIMATE LOGIST CODE P72200
For set off location & code SAN JOSE CA 7610 I DATE 082314
HAULED BY 2nd ____ CODE ____
For set off location & code ____ DATE ____
HAULED BY 3rd ____ CODE ____
For set off location & code ____ DATE ____
HAULED BY 4th ____ CODE ____
For set off location & code ____ DATE ____
For 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
500	0749			

OTHER ACCESSORIALS-LIST	TYPE	QTY.	RATE	CHARGES	CODE
LIFTGATE	LG				ORD
ADDITIONAL	98	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.

Form STI-DP 379 07/09

PAGE NO.	NO. OF PAGES

VISUAL COPIER/SORTER INVENTORY

stidelivers.com

FIRST HAULER	HAULER CODE #	TRAILER #	CONTRACT
SHIPPER'S NAME PDA			MAKE
ORIGIN LOADING ADDRESS 1325 W 2200 S	CITY Salt Lake City	STATE Ut	MODEL
DESTINATION Sandiego 9707 Aero Drive Sandiego 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

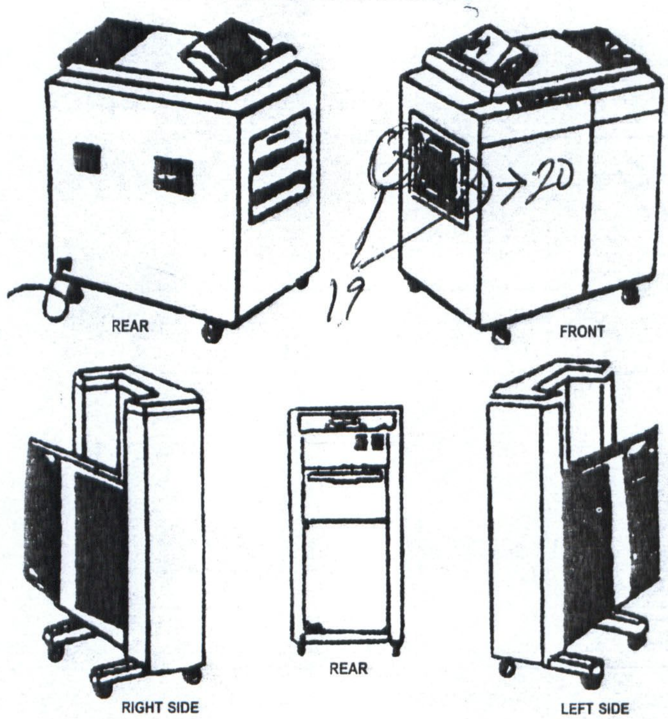
NOTE: The omission of these symbols indicates good condition for normal wear.

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	

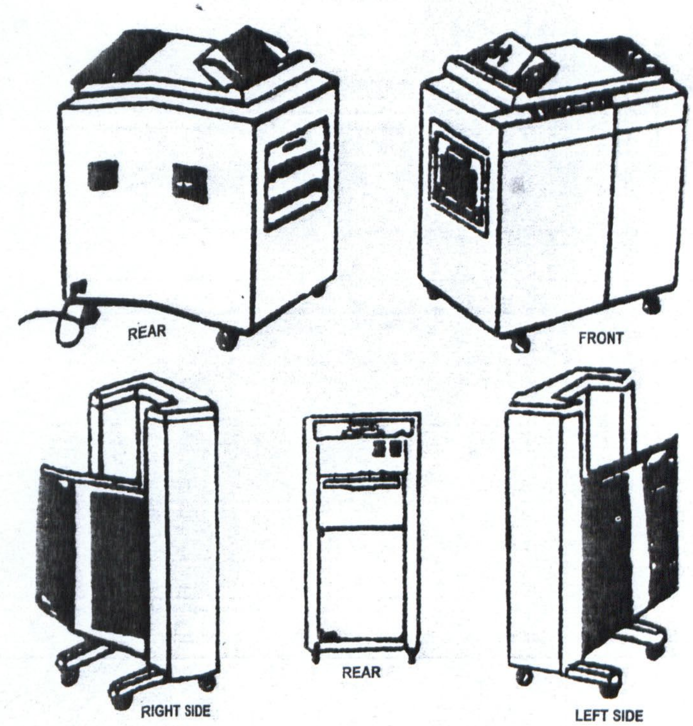
ITEM NO.	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION	EXCEPTIONS (IF ANY) AT DESTINATION
1	011647620-B	Copier – PBS, MCU BE-4	
2	011647619-B	Copier – PBS, MCU BE-4	

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 Hansen	8/20/14	(Signature)	
SHIPPER OR AUTHORIZED AGENT	DATE	SHIPPER OR AUTHORIZED AGENT	DATE
(Signature) [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