

REDMAN VAN & STORAGE Co. 9

289825

2571 West 2590 South, Salt Lake City, Utah (801) 972-4420 855 South 500 West, Salt Lake City, Utah (801) 328-8581
E-16 Freeport Center, Clearfield, Utah (801) 776-2645

289825

TIME STARTED

TIME

DATE		TIME ORDERED		C.O.D.	CHARGE	PER	ORDER TAKEN BY		ORDER DATE		EST. COST	NO. ROOMS
10-28-14		8-5		NO CHARGE			JACIE		10-27-14			1
INSURANCE	FLIGHT/STAIRS	PACKING	RANGE	REFRIG.	AUTO WASHER	AUTO DRYER	PIANO		FREEZER		EST. WEIGHT	
REG											216	

P.O.A

1325 W 2200 S

WEST VALLEY CITY, UT 84119

REDMAN VAN & STG MAIN OFFICE

2571 W. 2590 SOUTH

SALT LAKE CITY, 84119

ATTN:

801-990-4001

ATTN:

972-4420

STORAGE LOT #

ALL OUT

TYPE

EQUIPMENT NO.

EITHER

NUMBER OF PERSONNEL

2

STI 2750
ES227900

CALL ext 315

TIME

VOICEMAIL ☐ PERSON ☐

0000

SPECIAL INSTRUCTIONS:

PICK UP COPIER.
VERIFY SERIAL NUMBER
CORNERBOARD AND SHRINKWRAP.
LGATE REQ

EST.	PACK	NO. OF	NEW	USED	NAME	IN	TIME	OUT
	DRUM							
	1.5							
	3.0							
	4.5							
	6.0							
	MIRROR							
	W. ROBE							
	TAPE							
	SNGL.							
	DBL.							
	KING QUEEN							

TOTAL PACKING

★ ★ IMPORTANT LIABILITY INFORMATION ★ ★

THE RESPONSIBILITY OF THIS COMPANY FOR ANY PIECE PACKAGE OR ITS CONTENTS IS LIMITED TO 60 (SIXTY) CENTS PER POUND PER ARTICLE. A HIGHER VALUE MAY BE DECLARED BELOW AND A HIGHER RATE FOR ADDITIONAL PROTECTION WILL BE ASSESSED. FAILURE TO DECLARE HIGHER VALUE ASSUMES 60¢ PER LB. LIABILITY.

SHIPMENT IS RELEASED AT 60¢ PER POUND X

CUSTOMER SIG.

DECLARED VALUE IS GREATER THAN 60¢ PER POUND.

CUSTOMER REQUESTS:

DEPRECIATED VALUE PROTECTION FOR \$

REPLACEMENT COST PROTECTION FOR \$

DECLARED VALUE MUST EQUAL COST OF ENTIRE SHIPMENT

NOTE:

ADDITIONAL PREMIUM MUST BE PAID TO COVER A HIGHER VALUE DECLARED. AMOUNTS DECLARED WITHOUT PREMIUM PAYMENT WILL BE INVALID.

CUSTOMER SIGNATURE X

PRINT NAME

GOODS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED. CUSTOMER SIGNATURE ACKNOWLEDGES TERMS AND CONDITIONS ON REVERSE SIDE.

TIME ARRIVED	CUST. INITIAL
3:20 AM P.M.	an
TIME DEPART	CUST. INITIAL
9:15 AM P.M.	mls

NON PRODUCTIVE TIME (DRIVER MUST EXPLAIN)

COMPUTATION OF CHARGES	NO. OF MEN	REG. HRS.	O.T. HOURS	REG. RATE PER HOUR	O.T. RATE PER HOUR	Totals
MAN & VAN						
EXTRA MEN						
PACKING COSTS						
ADDITIONAL PROTECTION CHARGES						
STORAGE CHARGES (PER)						
OTHER (PLEASE EXPLAIN)						
TOTAL COST						

TERMS ARE PREPAID OR UPON COMPLETION OF MOVE. CREDIT ARRANGEMENTS MUST BE APPROVED IN ADVANCE. CREDIT TERMS ARE NET 7 DAYS OF RECEIPT OF INVOICE. INTEREST WILL BE BILLED AT 1 1/2% PER MONTH ON PAST DUE ACCOUNTS. IN THE EVENT LEGAL ACTION IS NECESSARY TO COLLECT PAST DUE AMOUNTS, CUSTOMER AGREES TO PAY ATTORNEY FEES, INTEREST AND COLLECTION COSTS.

10-28(2)



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

BILL OF LADING & FREIGHT BILL

AREA CODE (260) 429-3801
US DOT 1278850 MC 497943

CONTRACT NUMBER

ES227900

TARIFF/SECTION	BOOKER CODE/ ASSIST CODE	ESTIMATOR	TOTAL ESTIMATED* CHARGES FOR SHIPMENT	VEHICLE NO.	AGREED SERV. DATES OR PERIOD OF TIME	ACTUAL PICKUP DATE
N31107 003	7217/7217				PUD DEL 10/28/14-10/28/14 11/05/14-11/06/14	

SHIP FROM	ITEM 00001.0 SSEG D	SHIPPER	PACIFIC OFFICE AUTOM	ST.	1325 W 2200 S STE B	NOTIFY/ PHONE	
	CITY/ST.	W VALLEY C	UT	ZIP	84119	AARON	801 990 4001
	COUNTRY						
SHIP TO	SHIPPER	ALS	ST.	9701 RESEARCH DR	NOTIFY/ PHONE		
	CITY/ST.	IRVINE	CA	ZIP	92618	JOSH SIMS	949 727 3750
	COUNTRY						

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	E SHIP LIMITED	1050 CAMPUS DR #400	P.O./ NO.	71174
	STON	ON 4422	ATTN:		

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
KONICA BHC 360 SN A0ED011014433
USED: COPIERS: PACKAGING LOOSE
LIFTGATE AT ORIG/DST
MUST CALL BOOKER FOR PRE-AUTHORIZATION OF ALL ACCESSORIAL CHARGES. CHARGES WHICH ARE NOT AUTHORIZED IN ADVANCE ARE NOT BILLABLE. IF CSR NOT REACHABLE, CALL JONATHAN AT 972 514 2567-CELL
OK TO ATTEMPT AFTER PRECALL; WHEN PRE-CALLING, MUST LEAVE VOICEMAIL INDICATING THERE WILL BE AN ATTEMPT CHARGE IF WE ARE NOT CALLED BACK, AND GO OUT TO THE SITE.
CSR IS JENNIFER SIRCY, PH# 972-506-1716, E-MAIL SIRCY@A-1FREEMAN.COM

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 machines and shipper certifies the total weight of the shipment to be _____ pounds.

Shipper Signature X

SHIPPER'S SIGNATURE FOR SPECIAL SERVICES

Expedited service ordered by shipper. Deliver on or before _____

Selected delivery date service ordered by shipper

Deliver on or before _____ DATE AGREED WEIGHT

Shipment completely occupied a _____ cu. ft. vehicle

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

X Space occupied _____ cu. ft. (7 lbs./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: _____	Depart: _____	Van Crew(#): _____	Initials _____
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:

MUST BE COMPLETED BY FIRST PICKUP
AGENT OR HAULER

PIECE COUNT

AUTHORIZED
PICK UP CODE 7445

CONTRACT NO. ES227900

APU DATE

PAYMENT RECEIVED

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

CONSIGNEE PRINTED NAME

ACTUAL DELIVERY DATE

NET WEIGHT	MILES	RATE	CHARGES	CODE
216	0688			
OTHER ACCESSORIALS-LIST TYPE QTY.				
LIFTGATE	LC			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.

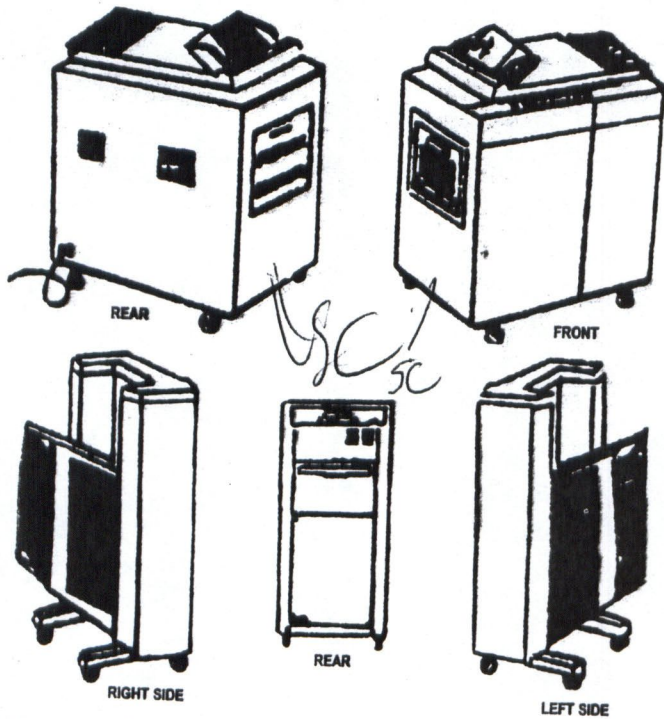
PAGE NO. NO. OF PAGES

VISUAL COPIER/SORTER INVENTORY

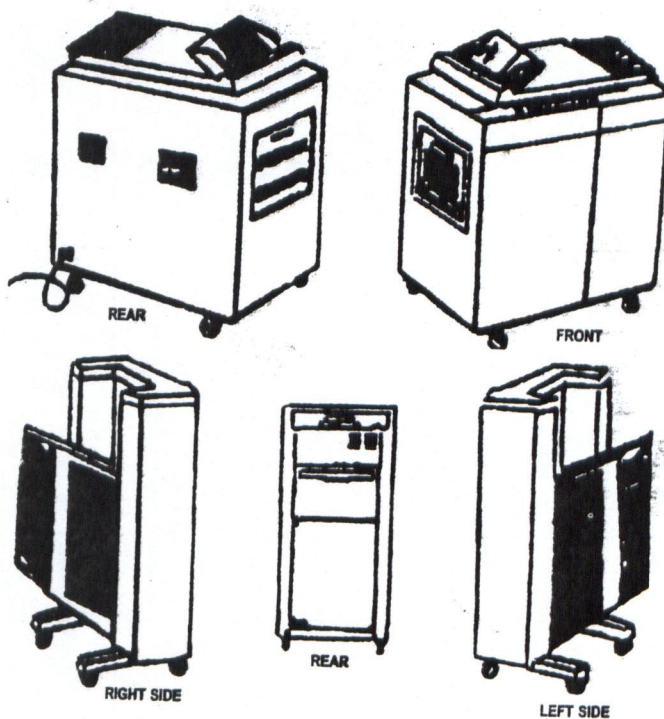


FIRST HAULER		HAULER CODE #	TRAILER #	CONTRACT
SHIPPER'S NAME				MAKE
ORIGIN LOADING ADDRESS		CITY	STATE	MODEL
DESTINATION				SERIAL SF
DESCRIPTIVE SYMBOLS CP - Packed By Carrier DBS - Disassembled By Shipper PBS - Packed By Shipper MCU - Mechanical Condition Unknown CD - Carrier Disassembled CU - Contents 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 - Rusty W - Badly Worn CH - Chipped L - Loose SC - Scratched Z - Cracked		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
NOTE: The omission of these symbols indicates good condition for normal wear.				
ITEM NO.	INVENTORY TRACKING NUMBERS	ITEM DESCRIPTION AND CONDITION		EXCEPTIONS (IF ANY) AT DESTINATION
	012123653-B	copier ? SF		

ORIGIN CONDITION



INDICATE CHANGES (IF ANY) AT DESTINATION



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

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)

(Signature)

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)

(Signature)

DATE

DATE

CONTRACTOR, CARRIER OR AUTHORIZED AGENT (DRIVER)

(Signature)

SHIPPER OR AUTHORIZED AGENT

(Signature)

DATE

DATE

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