

Ship Date: 10/24/07

FINAL BILL OF LADING

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SHIP FROM

Name: American Woodmark Corporation
 Address: 4475 Mohave Airport Drive
 City/State/Zip: Kingman AZ 86401 FOB: ☐

Bill of Lading Number: 04-547272-001-01-13-00



SHIP TO

Customer:
 Name: METCALF, CINDY Location#:
 Address: 4290 TWILIGHT DR
 City/State/Zip: KEARNS UT 84118
 Phone 1: 801-965-9725 Phone 2: 801-965-9725 FOB: ☐

CARRIER NAME: meridian
 Trailer number: 0753455
 Seal number(s):

SCAC: MEWF
 Pro number:

FREIGHT CHARGES BILL TO:

Name: American Woodmark Corp. c/o Williams & Associates
 Address: 405 East 78th Street
 City/State/Zip: Bloomington, MN 55420

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid X Collect 3rd Party

SPECIAL INSTRUCTIONS:

Master BOL : 04-547272-000-00-00-00

Agent:

meridian salt Lake City Ut

CUSTOMER ORDER INFORMATION

CUST ORDER NUMBER	# PKGS		WEIGHT		PALLET/SLIP		ADDITIONAL SHIPPER INFO
	Cabs	Parts	Wgt	Cubes	(CIRCLE ONE)		
KP 28812450	13	14	754	145	Y	N	PO # 44994467
GRAND TOTAL	13	14	754	145			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360.	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
27	cnts	27	cnts	754		Wooden Kitchen Cabinets, s/u no glass		
27		27		754		GRAND TOTAL		

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

Subject to section 7 of the agreement between Shipper and Carrier if the shipment is to be delivered to the consignee without recourse on the consignor the consignor shall sign the following statement; The carrier shall not make delivery to this shipment without payment of freight and all other lawful charges.

Richard Metcalf 10-29-07
 Consignee Signature / Date

Signature

Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

Freight Counted:

☒ By Shipper☒ By Shipper☐ By Driver☐ By Driver/pallets said to contain☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

Ryan Allen 10/29/07

Comments :

Richard Metcalf

RUN DATE: 10/24/07 3:33:21PM