



1930250836



FedEx Freight
UNIFORM STRAIGHT BILL OF LADING
 Original---Not Negotiable
 SUBJECT TO THE TERMS AND CONDITIONS
 OF THE UNIFORM BILL OF LADING
 Questions? Call 1.866.393.4585
 Carrier SCAC Code:

Date Oct 15, 2009	Shipper's Bill of Lading #
Purchase Order # 1417435	
Shipper #	Shipper #
<input type="checkbox"/> FedEx Freight® A.M.	

SHIPPER (from)

Please provide ZIP codes and phone numbers.

CONSIGNEE (to)

Shipper SUSAN SIBBALD		FXF Acct. #	Consignee NATIONAL TRADE SUPPLY LLC		FXF Acct. # 00254479
Attn. to		Area Code 360	Phone Number 331.7052	Attn. to	
Address 1526 SHOREVIEW DRIVE		Address 5340 S HARDING ST		Address (Store, Dept., Ste., Flr., Apt., Div.)	
Address (Store, Dept., Ste., Flr., Apt., Div.)		Address (Store, Dept., Ste., Flr., Apt., Div.)		Address	
City FREELAND		City INDIANAPOLIS		City	
State/Province WA	ZIP/Postal Code 98249	Country US	State/Province IN	ZIP/Postal Code 46217-9573	Country US
Accessorial Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access			Accessorial Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access		
Special Instructions					

BILL FREIGHT CHARGES TO (if different than above):

Name	FXF Acct. #	Mailing Address			
City	State	ZIP/Postal Code	Country	Area Code	Phone Number
Freight charges are PREPAID unless marked collect.		C.O.D.			
<input checked="" type="checkbox"/> CHECK BOX IF COLLECT		1. The letters "C.O.D." must appear in box before consignee's name above. 2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check 3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee			
\$ _____		AMOUNT			

REMIT C.O.D. TO (if different than shipper above):

Name	Mailing Address				
City	State	ZIP/Postal Code	Country	Country Code	Area Code

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, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

HANDLING UNITS (H/U)	H/U PKG. TYPE	PIECES	HM (X)	DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS.	NMFC ITEM #	CLASS	CUBE (OPTIONAL)
1	CTN	1		SANTA FE DEHUMIDIFIER 4021400	114		175	
				PO #:1417435				
				TOTAL WEIGHT	114			
				RESIDENTIAL PICKUP				

TOTAL H/U: 1 ★ MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

HM EMERGENCY CONTACT PHONE NUMBER ()

FOR INTERNATIONAL SHIPMENTS PLEASE INDICATE BELOW THE NAME, FAX NUMBER AND PHONE NUMBER OF THE BROKER.

NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceed \$1,200.00 per shipment"

EE/SED Number or Exception _____ **Phone #** () _____
Broker Name _____ **FAX #** () _____

Note (2) Liability Limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. The Shipper may increase liability coverage by checking the appropriate box and completing the required information. Selecting excess liability coverage will result in additional charges in accordance with carrier's FXF 100 series rules tariff. Excess coverage is not available for NEW articles with actual, declared or released value provisions that are specifically outlined in the NMFC. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.

FOR FREIGHT COLLECT SHIPMENTS

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

- The article(s) described above are **NEW, with standard liability coverage of \$25** per pound per package or \$100,000 per incident, whichever is lower. Shipper requests Excess Liability Coverage in the amount of \$ _____ per pound (not to exceed \$50 per pound per package). In no event shall carrier's liability for NEW articles exceed the actual value of the articles or \$50 per pound per package, whichever is less, with a maximum of \$100,000 per incident.
- The article(s) described above are **USED or RECONDITIONED, with standard liability coverage of \$0.50** per pound per package or \$10,000 per incident, whichever is lower. Shipper requests Excess Liability Coverage in the amount of \$5 per pound per package. In no event shall carrier's liability for **USED or RECONDITIONED** articles exceed the actual value of the articles or \$5 per pound per package, whichever is less, with a maximum of \$10,000 per incident.

Consignor Signature _____

SHIPPER CERTIFICATION

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 Department of Transportation.

Shipper Signature _____ **Date** _____

CARRIER CERTIFICATION

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 document in the vehicle.

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

SINGLE SHIPMENT	DATE	DRIVER/EMPLOYEE NUMBER	PIECE COUNT	TRAILER #
Circle One Y N				



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CHECK BOX IF COLLECT

C.O.D. 1. The letters "C.O.D." must appear in box before consignee's name above.

2. C.O.D. funds to be collected as: Certified Funds Company Check Personal Check

3. C.O.D. fee to be paid by: Shipper Consignee

\$ _____

AMOUNT

REMIT C.O.D. TO (if different than shipper above):

Name	Mailing Address				
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				PO #:1417435				
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SINGLE SHIPMENT	DATE	DRIVER/EMPLOYEE NUMBER	PIECE COUNT	TRAILER #
Circle One				
Y	N			