



UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE

All services are subject to the terms and conditions of the FXF 100 Series Rules Tariff. See fedex.com for details--- QUESTIONS? CALL 1.866.393.4585

 771411643157 	Date 02/27/2023	Purchase Order #
	Shipper #	Shipper #
REQUIRED: Please select a service type <input checked="" type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy		OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply). <input type="checkbox"/> A.M. Delivery <input type="checkbox"/> Close of Business Delivery

SHIPPER (from) Please provide ZIP codes and phone numbers.		CONSIGNEE (to)	
Shipper NUTRIENT CONTROL SYS	FXF Acct. # XXXXX1526	Consignee Best Supply Company, Inc	FXF Acct. #
Attn. to	Area Code Phone Number (717) 261-5711	Attn. to Mike Alderson	Area Code Phone Number (316) 262-8336
Address 130 INDUSTRIAL DR Address (Store, Dept., Ste., Flr., Apt. Div.)		Address 1545 East 29th N. Address (Store, Dept., Ste., Flr., Apt. Div.)	
Address		Address	
City CHAMBERSBURG		City WICHITA	
State/Province PA	ZIP/Postal Code 172013255	Country US	State/Province KS
			ZIP/Postal Code 67219
Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access		Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access	
Shipper Bill of Lading #		<input type="checkbox"/> Custom Delivery Window:	
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.	<input type="checkbox"/> USD C.O.D.	1. The letters "C.O.D." must appear in box before consignee's name above.
CHECK BOX IF COLLECT <input type="checkbox"/>	<input type="checkbox"/> CAD AMOUNT	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

REMIT C.O.D. TO (if different than shipper above):					
Name		Mailing Address			
City	State	ZIP/Postal Code	Country	Country Code	Area Code Phone Number

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, unmarked 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, and the conditions of the FXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

HANDLING UNITS (HU)	HU PKG TYPE	PIECES	HM	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS (subject to correction)	NMFC ITEM #	CLASS	CUBE
1	PLT	1		9KW PUMP DIMS: 33 X 17 X 33 IN	317.0 LB		055	
TOTAL WEIGHT					317.0 LB			

TOTAL HU: 1 MARK "X" OR "RC" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS

HM EMERGENCY CONTACT PHONE NUMBER
 CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO, PROVIDER or CONTRACT#

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS
 EEI/SED Number or Exception _____ Phone # _____
 Broker Name _____ AREA CODE _____
 Fax # _____

NOTE (1) To refer to the Tariff and Carrier's Rules of Lading or other applicable regulations, 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 exceeding _____ per HS."
 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. See FXF 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$.50 per pound per package (or its equivalent in Mexican Pesos (MXN) or Canadian Dollars (CAD), at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for NEW articles or \$10,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FXF 100 Series Rules Tariff. 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.
 Consignor Signature _____

SHIPPER CERTIFICATION
 I hereby declare that the contents of the consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.
 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.

Articles are NEW, and Require Excess Liability Coverage in the amount _____
 USD CAD MXN per lb. or kg. Additional charges will apply.
 Articles are USED or RECONDITIONED and require Excess Liability Coverage. Additional charges will apply.
 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.

DATE	DRIVER EMPLOYEE NUMBER	PIECE COUNT	TRAILER #
2/27/23	2663068	1 Skid	X13096

Shipment Information



Ship To Information:		
Company Name:	Best Supply Company	02/27/23 <u>Date Submitted</u>
Street Address:	1545 East 29th. N	
City, State, Zip:	Wichita, KS 67219-4129	
Contact Name:	Lyle	<u>Employee Requesting</u>
Contact Phone:	316-262-8336	
Contact Email:	bcs1941@gmail.com	<u>Shipping Method</u>
Notes:	 	

Shipment Details

	Pieces(Per Skid)	Description	Total Weight(lbs)	L	W	H
1	1	9kw Pump	317	32 ³ / ₄	16 ³ / ₄	32 ¹ / ₂
2						
3						
4						
5						
6						
7						
8						



Best Supply Company Inc.
Best Supply Company
Best Supply Company
1545 East 29th. N
Wichita, KS 67219 4129

Ticket Number 1537

Date 01/06/2023 02:17 pm

Requester 316-262-8336

PO# 64323

Equipment (Project)

Part Code	Part Number	Part	Qty
PTS 9-100	200-PTS9-100	9kw Chopper Submersible Pumps - Vertical - 12.5hp	1.00

Sign HERE:	Date HERE:
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