

Shipment Information



Ship To Information:	
Company Name:	<u>Best Supply Company inc</u>
Street Address:	<u>1545 East 29th St N</u>
City, State, Zip:	<u>Wichita, Kansas 67219</u>
Contact Name:	<u>Mike Alderson</u>
Contact Phone:	_____
Contact Email:	_____
Notes:	_____



<u>03/08/23</u>
Date Submitted
<u>Brock Over</u>
Employee Requesting
<u>LTL</u>
Shipping Method

Shipment Details

Pieces(Per Skid)	Description	Total Weight(lbs)	L	W	H
<u>1</u>	<u>7.5 Kw Pump</u>	<u>310Lbs</u>	<u>41in</u>	<u>32in</u>	<u>15in</u>
2					
3					
4					
5					
6					
7					
8					

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

 771497807767 	Date 03/07/2023	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., Sta., Flr., Apt. Div)		Address 1545 East 29th N. Address (Store, Dept., Sta., Flr., Apt. Div)	
City CHAMBERSBURG		City WICHITA	
State/Province PA	ZIP/Postal Code 172013255	Country US	State/Province KS
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 <input type="checkbox"/> CAD	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"/>	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, 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, 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	HW (kg)	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS (subject to correction)	NMFC ITEM #	CLASS	CUBE
1	PLT	1		7.5 KW Pump	310.0 LB		055	
				DIMS: 41 X 32 X 15 IN				
TOTAL WEIGHT					310.0 LB			

TOTAL HU: 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	AREA CODE	FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS
CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO, PROVIDER or CONTRACT#		EEI/SED Number or Exception Phone # AREA CODE
		Broker Name Fax # AREA CODE

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.	
Consigner Signature _____	

SHIPPER CERTIFICATION	
I hereby declare that the contents of this 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.	
DATE	DRIVER EMPLOYEE NUMBER
PIECE COUNT	TRAILER #

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.