




FEDEX FREIGHT PRIORITY

# VICS Bill of Lading

<p align="center"><b>SHIP FROM</b></p> <p>Name: <u>NUTRIENT CONTROL SYS</u></p> <p>Address: <u>130 INDUSTRIAL DR</u></p> <p>Address: _____</p> <p>City/State/Zip: <u>CHAMBERSBURG PA 172013255</u></p> <p>SID#: _____ SID#: _____</p>	<p>Bill of Lading Number: _____</p> <p>CARRIER: <u>FedEx Freight</u> TRAILER: _____</p> <p>SCAC: <u>FXFE</u> Pro Number: <u>771397282866</u></p>
<p align="center"><b>SHIP TO</b></p> <p>Name: <u>The Ohio Heifer Center</u></p> <p>Address: <u>1100 Huntington Rd</u></p> <p>Address: _____</p> <p>City/State/Zip: <u>SOUTH CHARLESTON OH 45368</u></p> <p>CID#: _____</p>	
<p align="center"><b>THIRD PARTY FREIGHT CHARGES BILL TO</b></p> <p>Name: _____</p> <p>Address: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p>	<p><b>Freight Charge Terms:</b></p> <p>Prepaid <input checked="" type="checkbox"/> Collect _____ 3rd Party _____</p> <p>Freight charges are to be prepaid unless marked collect.</p>
<p><b>SPECIAL INSTRUCTIONS:</b></p>	<p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading</p>

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT IN LBS.	circle one		ADDITIONAL SHIPPER INFO
			PALLET	SLIP	
	1	300.0 LB	X		DIMS: 36 X 24 X 14 IN
<b>GRAND TOTAL</b>					
	1	300.00 LB			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT IN LBS.	(X) H.M.	COMMODITY DESCRIPTION <small>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 NMFC, Sec. 2e, Item 360)</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
1	PLT	1	PLT	300.0 LB		Mixer		055
						CLOSE OF BUSINESS DELIVERY GUARANTEE		
						CONDITION OF GOODS: New, EXCESS LIABILITY: 50 USD		
<b>GRAND TOTAL</b>								
1		1		300.00 LB				

<p>HM EMERGENCY CONTACT PHONE NUMBER _____</p> <p>CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO, PROVIDER or CONTRACT # _____</p>	<p>COD AMOUNT: \$ _____ Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check O.K.: <input type="checkbox"/> Cashier's check only: <input type="checkbox"/></p> <p>*COD* must appear with consignee's name above.</p>
<p><small>NOTE: (1) Where the rate is dependent on value, shippers are required to 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 <u>44.62</u> per lbs</small></p>	
<p><small>NOTE: (2) Limitation for loss or damage on the shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B); 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.</small></p>	
<p><small>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.</small></p>	
<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges (Section 7).</p> <p align="right">_____ Shipper Signature</p>	

<p><b>SHIPPER SIGNATURE / DATE</b></p> <p><small>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</small></p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By OSL</p> <p>Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/Pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p><small>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 his vehicle.</small></p> <p align="center"><u>2663068 2/24/23 X13096 lskidss</u></p>
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