



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

 <p>395750546096</p> 	Date 03/14/2023 Shipper # REQUIRED: Please select a service type <input checked="" type="checkbox"/> FedEx Freight [®] Priority <input type="checkbox"/> FedEx Freight [®] Economy	Purchase Order # Shipper # 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
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SHIPPER (from) Please provide ZIP codes and phone numbers.				CONSIGNEE (to)			
Shipper NUTRIENT CONTROL SYS		FXF Acct. # XXXXX1526		Consignee North Florida Dairies		FXF Acct. #	
Attn. to		Area Code Phone Number (717) 261-5711		Attn. to Matt McCaslin		Area Code Phone Number (814) 881-1497	
Address 130 INDUSTRIAL DR Address (Store, Dept., Ste., Flr., Apt., Div.)				Address 2740 W County Road Address (Store, Dept., Ste., Flr., Apt., Div.)			
City CHAMBERSBURG				City BELL			
State/Province PA		ZIP/Postal Code 172013255		Country US		Country US	
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"/> CHECK BOX IF COLLECT	<input type="checkbox"/> USD C.O.D. <input type="checkbox"/> CAD AMOUNT	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
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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 untowed) marked, consigned and delivered as shown herein, 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	PECES (PKGS)	HM (DOT)	NO. OF PKGS	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT (LBS) (subject to correction)	NMFC ITEM #	CLASS	CUBE
1	PLT	1		7.5	KW Pump	328.0		055	
					DIMS: 48 X 32 X 20 IN				
TOTAL WEIGHT						328.0			

TOTAL HLU: 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# _____

NOTE (1) To the extent that the liability of the carrier for loss of or damage to the property is limited by law, the shipper 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 lbs."

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.

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 300.

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS

EE/USED 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.

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.

DATE	DRIVER EMPLOYEE NUMBER	PIECE COUNT	TRAILER #

