



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

 771798213186 	Date 04/10/2023	Purchase Order #
	Shipper #	Shipper #
	REQUIRED: Please select a service type <input checked="" type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy	

SHIPPER (from) Please provide ZIP codes and phone numbers.		CONSIGNEE (to)	
Shipper NUTRIENT CONTROL SYS	FXF Acct. # XXXXX1526	Consignee Aqua Innovations	FXF Acct. #
Attn. to	Area Code Phone Number (717) 261-5711	Attn. to Aqua Innovations	Area Code Phone Number (262) 736-4211
Address 130 INDUSTRIAL DR		Address 210 New Factory Rd	
Address (Store, Dept., Ste., Fl., Apt. Div.)		Address (Store, Dept., Ste., Fl., Apt. Div.)	
Address		Address	
City CHAMBERSBURG		City Sharon	
State/Province PA	ZIP/Postal Code 172013255	Country US	
State/Province WI	ZIP/Postal Code 53585	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 #		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	2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check
	AMOUNT	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 carrier 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	PKG (X)	KIND OF PACKAGE DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT (LBS)	NMFC ITEM #	CLASS	CUBE
1	PLT	1		Motor	207.0 LB		055	
				DIMS: 28 X 20 X 21 IN				
				TOTAL WEIGHT	207.0 LB			

TOTAL H/U: 1 MARK 'X' OR 'RO' 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) Where the carrier is required to insure the goods of the shipper, 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 _____."

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 360.

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS

EEI/SED Number or Exception _____ Phone # _____ AREA CODE _____

Broker Name _____ Fax # _____

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 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 #
04-10-23	469-1512 <i>[Signature]</i>		