



BILL OF LADING

Original - Not Negotiable

DATE 05/03/2021

AEWS PRO STICKER

DOT# 111122
 FED ID# 11-11111
 SCAC: SSDF
<http://www.vapartners.us>

Pro Number:

Quote#:

| | | |
|--|--|--|
| | | |
|--|--|--|

| SHIPPER | CONSIGNEE | THIRD PARTY BILL TO |
|---|--|--|
| Shipper Name Fishbowl Bikes | Consignee Name | Third Party Name Danny's Cyclery |
| Address (PO Box not acceptable) 580 Technology Way | Address (PO Box not acceptable) 1485 Rainbow Road | Address (PO Box not acceptable) 1485 Rainbow Road |
| City/State/Zip Orem, UT 84097 | City/State/Zip Santa Barbara, CA 93101 | City/State/Zip Santa Barbara, CA 93101 |
| Attn/Phone/Email: Ph: 801-932-1101 | Attn/Phone/Email: | Attn/Phone/Email: 801-932-1101 |
| B/L #: 1 - Pieces | PO #: 10017 | Debtor Reference #: |

Service Level (check only ONE)

FURNITURE

- Business to Business White Glove Inspection
 Threshold Residential White Glove No Inspection
Shipped as:
 Pad Wrap Cartoned Plastic Wrap

DECLARED VALUE FOR INSURANCE:

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

Unless otherwise indicated, shipment is insured for \$1.00 per pound with a \$500 max per article, whichever is least.

Invoice Amt: (for % invoice rating) \$

If Rates/Tariffs are based on POI (% of invoice), weight or cube, Shipper must provide the POI, Weight or Cubic Feet under appropriate column.

FOR FREIGHT COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee, without recourse on the consignor, the shipper shall sign the following statement: The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. This Section 7 Signed is void on 3rd party bill to shipments.

X _____
 Signature of Shipper

Subject to terms and conditions in AEWS 101-BW Rules Tariff.

TIME DEFINITE

- NFO 1 DAY 2 DAY 3 DAY 4-5 DAY

DECLARED VALUE FOR INSURANCE:

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

\$ _____

X _____
 Signature of the Shipper authorizes consent to screen cargo tendered for air transportation. Unless otherwise indicated, shipment is insured for \$.50 per pound.

GENERAL COMMODITIES

- Palletized LTL TRUCKLOAD

Carrier's liability on Ground shipments shall represent the reasonable destination value as governed by the National Motor Freight Classification (NMFC). NMFC liabilities apply, not to exceed \$20.00 per pound, if cargo rated at NMFC Class rates. If linear foot or pallet rates apply, maximum liability will be \$.60 per pound unless otherwise declared, and additional insurance purchased.

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

SPECIAL INSTRUCTIONS:

Shipping Quote #: _____ For _____

Freight Charges Are: prepaid unless marked otherwise

Prepaid Collect 3rd Party
 *(If 3rd Party box is marked please provide 3rd party bill to name and address below)

Shipper COD's: Not accepted or collected

| PCS | WEIGHT | CUBE | COMMODITY DESCRIPTION (Subject to correction) |
|-----|--------|------|---|
| 1 | | | B201 / Premium Brake Cables |

Trailer Loaded By:

- Driver Shipper

Freight Counted By:

- Shipper Driver/STC Pallets Driver/Pieces

| FOR FREIGHT COLLECT SHIPMENTS | SHIPPER SIGNATURE / DATE | CARRIER SIGNATURE / PICKUP DATE |
|---|---|--|
| If this shipment is to be delivered to the consignee, without recourse on the consignor, the shipper shall sign the following statement: The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. This Section 7 Signed is void on 3rd party bill to shipments. X _____ Date: _____ Signature of Shipper Subject to terms and conditions | This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations for the DOT. X _____ Date: _____ | <i>Property described above is received in good order, except as noted.</i> X _____ Date: _____ Pieces/Pallets: |

DELIVERY RECEIPT

Furniture Exception Codes: BE – Bent, BR – Broken, BU – Burned, CH – Chipped, D – Dented, F – Faded, G – Gouged, L – Loose, PP – Poor Packaging (no liability), R – Rubbed, RU – Rusted, SC – Scratched, SO – Soiled, ST – Shrink Wrap Torn, W – Worn, Z – Cracked.

| CONSIGNEE SIGNATURE | DATE | TIME | TOTAL PCS | CONSIGNEE SIGNATURE |
|---------------------|------|------|-----------|---------------------|
| X _____ | | | 1 | X _____ |