

Date: <u>2-23-2021</u>		<b>BILL OF LADING</b>		Page 1 of <u>1</u>	
<b>SHIP FROM</b> Name: <u>Costco Wholesale</u> Address: <u>4901 S.W. Wilson Ave.</u> City/State/Zip: <u>Wyoming, MI 49418</u> SID#: _____ FOB: <input type="checkbox"/>				Bill of Lading Number: _____  <div style="text-align: center;">BAR CODE SPACE</div> <u>Pick up confirmation GRR135371</u>	
<b>SHIP TO</b> Name: <u>DarPro Solutions</u> Location #: _____ Address: <u>1089 Co. Rd. 26</u> City/State/Zip: <u>marengo, OH 43334</u> CID#: _____ FOB: <input type="checkbox"/>				<b>CARRIER NAME:</b> _____ Trailer number: _____ Seal number(s): _____  <b>SCAC:</b> _____ Pro number: _____  <div style="text-align: center;">BAR CODE SPACE</div>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: <u>Costco Wholesale</u> Address: <u>P.O. Box 34715</u> City/State/Zip: <u>Seattle, WA 98154</u>				<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>	
<b>SPECIAL INSTRUCTIONS:</b> _____					
<b>CUSTOMER ORDER INFORMATION</b>					
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>	
<u>RMA 100598</u>		<u>1</u>	<u>1260</u>	<u>Y</u>	<u>N</u>
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N
<b>GRAND TOTAL</b>					
<b>CARRIER INFORMATION</b>					
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>	<b>H.M. (X)</b>
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>		
<b>COMMODITY DESCRIPTION</b> <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 Section 2(e) of NMFC Item 360</small>				<b>LTL ONLY</b>	
				<b>NMFC #</b>	<b>CLASS</b>
<u>600019-2500 CW Standard tank</u>				<u>18250-00</u>	<u>100</u>
<b>GRAND TOTAL</b>					
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 _____ per _____."				<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</b>					
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 carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
<b>SHIPPER SIGNATURE / DATE</b> <small>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 of the DOT.</small>				<b>SHIPPER SIGNATURE</b>	
<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> <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 the vehicle. Property described above is received in good order, except as noted.</small>	

OVRL 97"