



Dependable Highway Express

2555 E. OLYMPIC BLVD.
LOS ANGELES, CA 90023
P.O. BOX 58047
LOS ANGELES, CA 90058-0047

PHONE 323-526-2255
FAX 323-526-2267
<http://www.godependable.com>

DATE 07-11-2018

C.O.D. CHARGE
TO BE PAID BY
Company check ☐
Cashier's check ☐
SHIPPER ☐
CONSIGNEE ☐

COD AMT \$

CONSIGNED TO:

NAME FOLSOM STATE PRISON PHONE 916-985-8610
ADDRESS 300 PRISON ROAD
CITY FOLSOM STATE CA ZIP CODE 95671

BILL TO:

NAME LIFE GUARD

ADDRESS

CITY STATE ZIP CODE

SHIPPER:

NAME LIFE GUARD/GCS SUPPLIES PHONE 626-965-1588
ADDRESS 18999 RAILROAD STREET
CITY INDUSTRY STATE CA ZIP CODE 91748



SHIPPER REF. # 197933-7041

PO # 4500443048

Freight Charges to be:

Prepaid ☒ Collect ☐ Third Party ☐

If left blank freight charges will be billed collect.

No. Packages	* H/M	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	*WEIGHT (Sub To Cor)	Class or Rate	CK Col.
67		DISPOSABLE PAPER TOILET SEAT COVERS	1600 LBS	50	
		TOTAL 1 PALLET			
		RECEIVER MUST SIGN FOR TOTAL CASES			
		  103021135			
		67 1 SCE			
		In case of emergency please call chemtrec 1-800-424-9300			
		THIS BILL OF LADING IS SUBJECT TO THE TERMS AND CONDITIONS OF DHE RULES TARIFF 100			

* DHE's maximum release value will be per DHE Rules Tariff 100 or per NMFC whichever is less.
† The fibre boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of consolidated Freight Classification.
‡ Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the interstate Commerce Commission.

Note - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

* MARK WITH "X" TO DESIGNATE HAZARDOUS MATERIAL AS DEFINED IN TITLE 49 OF FEDERAL REGULATIONS.

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 shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

Received \$ _____ to apply in prepayment of the charges on the property described hereon.

(Agent or Cashier)

Per _____
(The signature here acknowledges only the amount prepaid)

Charges advanced \$ _____

STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Original Bill of Lading.

the property described, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) In Uniform Freight Classification in effect on the date hereof, if this is a rail-or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, set forth in the classification of tariff which governs the transportation of the shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Shipper, Per _____ Agent _____ Per _____

Permanent post-office address of shipper