



Date	Invoice
01/28/25	GCD-355955

WEST MOTOR FREIGHT OF PA
PO BOX 62891
BALTIMORE, MD 21264
(570) 385-9048

Shipper:
SAMSUNG
41 MARTHA DRIVE
**** SEND PHOTO ****
BETHEL, PA 19507

Bill To:

SAMSUNG SDS GLOBAL SCL AMERICA INC
3033 W PRES GEORGE BUSH HWY
SUITE 250
PLANO, TX 75075

Consignee:

INGRAM MICRO
101 COMMERCE DR
HAZLE TOWNSHIP, PA 18202

REFERENCE NUMBER 1		REFERENCE NUMBER 2		REFERENCE NUMBER 3		SHIP DATE
17778442						01/20/25
CONTAINER 1		CONTAINER 2	CHASSIS	DRIVER	TRACTOR	
13504			STE200539	200539	200539	
PIECES	DESCRIPTION			WEIGHT (LBS)	RATE	AMOUNT
1	Container - FAK			10,000		500.00
	FUEL SURCHARGE					22.56
1	* TOTAL CHARGES - PAY THIS AMOUNT *			10,000		522.56

All invoices are subject to an insurance surcharge.

Payment Due Upon Receipt - \$522.56

Please remit payment via ACH to West Motor Freight. ABA #022000046 Acct# 8890751152

Please email questions to: penny.carkin@evansdelivery.com

THANK YOU FOR YOUR BUSINESS

BILL OF LADING

FT

Full Truck Load

CARRIER : EF CORPORATION DBA WEST
MOTOR
Trailer number: WBSM13664 / Size: BRA 53FT
Box number(s): 804444

FREIGHT CHARGES
Samsung SDS GSCL America, Inc.
3035 W. President George Bush Hwy STE 250
Plano, TX 75075

Pro number: 1T778442 SCAG: WESM
Freight Charge Terms: (Freight Prepaid & Allowed)
Prepaid (X) Collect () 3rdParty ()

SPECIAL INSTRUCTIONS: Total pages Dry (1), P4840(X), P5040(2),
P5840(1), P6840(2), P8054(1), P9444(1)
App. Date / Time: 01/12/2025 / 15:10:16
Stamp is required to be a valid POO.

RECEIVING STAMP AREA

09480 Date: _____
 FROM: _____
 TO: OSREC 12/5 6
 COT PLS 11/5 0
 Total Count Rec'd: _____
 Reason: _____
 RECD BY: [Signature]
 Pending slip Enclosed: Yes / No
 Time In: _____ Time Out: _____
 Driver Signature: _____

CUSTOMER ORDER INFORMATION

CUSTOMER		HANDLING		PKGS	WEIGHT	ADDITIONAL SHIPPER INFO				
ORDER NUMBER	QTY	TYPE	PCS	(LB)	DO#	TIME	LINEAR	CUST.MODEL#(MODEL)	DEPT	
See Attached Bill of Lading Supplement										
GRAND TOTAL	153		153	5,207.600			28.925			

CARRIER INFORMATION

HANDLING		PACKAGE		WEIGHT	COMMODITY DESCRIPTION	LTL ONLY		
QTY	TYPE	QTY	TYPE	(LB)	Commodity (including contract or additional care or attention in transit or in storage must be marked on this bill of lading) or other description of commodity (see Section 101 of NMFC Item 200)	NMFC#	CLASS	FA
See Attached Bill of Lading Supplement								

See Attached Blll of Lading Supplement

153	153	\$,207,800	GRAND TOTAL
-----	-----	------------	-------------

The assessed or declared value of the property is specifically stated by the taxpayer to be not exceeding _____ per _____.

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

NOTE: Liability Limitation: The rules of carriage in the accompanying bill of lading apply to all shipments.

SUBJECT SIGNATURE / DATE

SHIPPER SIGNATURE / DATE

Shipper
Signature _____

Date: Nov 1 1973

☐ By Shipper ☐ By Shipper
☐ By Driver ☐ By Driver/Partner

Receiver Signature _____

Date: _____

153

Carrier Signature	
-------------------	--

DATE	

ORIGINAL COPY

Liability: Tier 1 Volume: 732382 F13