



P.O. Box 90004
Lakeland, FL 33804
863-682-4101

INVOICE

INVOICE NUMBER 0755322

SHIPPER

SMMGFL
SAMSUNG
19925 INDEPENDENCE BLVD

GROVELAND, FL 34736

BILL TO

SAMSG
SAMSUNG
10509 VISTA SORRENTO PARKWAY #400

SAN DIEGO, CA 92121

CO
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SADSAFL
SADDLE CREEK/SAMS DIST#8229
3010 SADDLE CREEK RD
BUILDING# 19
LAKELAND, FL 33801

DATE 01/23/2025

SHIPPING DATE 01/21/2025
SHIPPER'S B/L NO. 17792087

REMIT TO:

EXXACT
P.O. BOX 90004
LAKELAND, FL 33804

DESCRIPTION	WEIGHT	MILES	RATE	CHARGES
APPLIANCES	3477.1	42.0	312.0000 Flat rate	312.00
FUEL SURCHARGE		42.0000	0.4700	19.74
<p>**GO GREEN! - ACH Payment Remittance available. For details contact ach@exxact.net</p>				
THIS BILL IS PAST DUE ON	03/09/2025	PLEASE PAY THIS AMOUNT		331.74

BILL OF LADING

SHIP FROM	
SAMSUNG ELECTRONICS AMERICA c/o [SEA] Groveland 19925 Independence Blvd Groveland FL 34736 US Tel.	

SHIP TO	
SAMS DISTRIBUTION CENTER 8229 863-667-1136 DELIVERY CONTACT 3010 SADDLE CREEK RD, BLDG. # 19 LAKELAND FL 33801 US Tel. 863-667-1136	

FREIGHT CHARGES BILL TO	
Samsung SDS GSCL America, Inc 3033 W. President George Bush Hwy STE 250 Plano TX 75075	

FOR GENERAL ISSUES PLEASE SEND EMAIL TO BIFF@SAMSUNG.COM / FOR OS&D, CONTACT: (352)429-1530 (KEITH NELSON) / EMAIL: RETURNFL@SAMSUNG.COM & JAMES.HAHN@SAMSUNG.COM

SPECIAL INSTRUCTIONS: Total pallet Qty(26); P4840(26)
Appt. Date / Time: 01/21/2025 / 19:00:00
All product must be palletized / CHEP pallet customer
Sams Club Store receiving hours: 4AM to 1PM and 3PM to 12AM.
Schedule via <https://samsscheduler.cld.samsclub.com/>
Stamp is required to be a valid POD.

Bill of Lading: 17792087

FT



Full Truck Load

CARRIER : Exxact Express, Inc.

Trailer number: 115753 / Size: SEA_53FT

Seal number(s): 3853717

BK/Appt.: 83772155



Pro number: 17792087 SCAC: EXXA

Freight Charge Terms: (Freight Prepaid & Allowed)

Prepaid (X) Collect () 3rdParty ()

 (Check box) Master Bill of Lading: with attached underlying Bills of Lading

RECEIVING STAMP AREA

DC 8229
RECEIVER# 2163000 TRL# 115753
PO# 31630011105 PLTS 26
TOTAL RECEIVED
OVER SHORT
DMG KEPT ROC DMG
REC'D BY: *John* DATE - 21-25

CUSTOMER ORDER INFORMATION							
CUSTOMER	HANDLING	#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO			
ORDER NUMBER	QTY	TYPE (PCS)	(LB)	DO#	ITM#	LINEAR	CUST. MODEL(MODEL) DEPT.
See Attached Bill of Lading Supplement							
GRAND TOTAL		26	26	3,477.100		39.749	

CARRIER INFORMATION										
HANDLING	PACKAGE	WEIGHT	COMMODITY DESCRIPTION				LTL ONLY			
QTY	TYPE	QTY	TYPE	(LB)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and package as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360			NMFC#	CLASS	FAK
See Attached Bill of Lading Supplement										
26	26	3,477.100			GRAND TOTAL					

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 _____."

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (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.
NOTE: This package serves as product display or sales purposes. Any damage to this package, including cosmetic damage, will result in a claim from Samsung Electronics Inc..	

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT	Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/Pieces	CTN.Count: 26	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as
Shipper Signature Date <i>J. Ceward</i>	Receiver Signature Date	Carrier Signature Date	

JAN 21 2025

- ORIGINAL COPY -

Liability : Tier 1 Volume : 658.034 FT3

Bill of Lading Number :17792087

CUSTOMER ORDER INFORMATION frame 0

B/L SUPPLEMENT

Bill of Lading Number :17792087

CARRIER INFORMATION

0755322



Equip ID	115753	Status	SA
Equip Arrival	01/21/26 18:26	Temp1	1917
Carrier	SGSR	Temp2	
Seal	3853717	Temp3	
Reseal		Fuel Lvl	
Door/Zone	8229 917	Dept	SAXD
Del Date	01/21/26 19:00	Type	53

I have read and understand the posted copy of Wal-Mart's
Appointment / Drop Rules and Regulations.

Driver Signature _____



Delivery# 83772155 DC 8229