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SHIP FROM						Bill of Lading Number: 3779250933  OMNI LOGISTICS 2DAY							
Name: LOGITECH INC C/O ARVATO Address: 3540 S. PRESTON HIGHWAY City/State/Zip: SHEPHERDSVILLE, KY, 40165 SID#: SSO# FOB: <input type="checkbox"/>													
SHIP TO						CARRIER NAME: OMNI LOGISTICS Trailer number: 800395 Seal number(s): g17978191 Load number: 800395							
Name: TARGET NORTHERN OPS Address: T3868 1050 SITE PARKWAY City/State/ZIP: HAMPTON, GA 30228 CID# FOB: <input type="checkbox"/>						SCAC: OMNG Shipment no: 6000385687 Conv. #: PRO number: 1005101 							
THIRD PARTY FREIGHT CHARGES BILL TO:													
Name: OMNI LOGISTICS Address: 3100 OLYMPUS BLVD City/State/Zip: DALLAS, TX 75019													
SPECIAL INSTRUCTIONS: Appointment Required Load ID #						Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>) Prepaid _____ Collect _____ 3 rd Party <u>X</u> <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading							
CUSTOMER ORDER INFORMATION													
PO NUMBER				# PKGS		WEIGHT		Pallet/Slip		ADDITIONAL SHIPPER INFO			
10001328184-3868				1		41 LBS		Y		DN #: 56029298 - 3779250933 05/23/2025 4 PC			
GRAND TOTAL				1		41 LBS							
CARRIER INFORMATION													
HANDLING UNIT		PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION 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.				LTL ONLY	
QTY	TYPE	QTY	TYPE									NMFC#	CLASS
1	PALLET	1	CARTON	41 LBS								116030S7	92.5
1		1		41 LBS				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 _____."								COD Amount: \$ _____ Fee Terms: <input type="checkbox"/> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>					
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. arvato digital services llc is not responsible for any charges above and beyond the rates based on weight or mileage as listed on the tariff agreement between the carrier and arvato digital services llc. Accessorial charges which may include but are not limited to appointment delivery, lift-gate service, beyond delivery, inside delivery fees, etc. must be PRE-AUTHORIZED by calling 1-800-677-6883 and obtaining an authorization number prior to billing.								The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature Shipper					
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 Department of Transportation.				Trailer Loaded Freight Counted <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver / Pieces				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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.					