

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 7/31/2023

BD EL PASO
1550 Northwestern Dr
El Paso, TX 79912
Crystal (915) 231-5053
Reference Number: 7018473042

Carrier:	CHR Consolidation El Paso
Pro#:	
CHR Order#:	1599414509
Ship ID#:	7018473042

Consignee: Due Date 8/7/2023

CARDINAL MEDICAL PRODUCTS 69
700 Vaughn Rd
Bl=700a
Dixon, CA 95620-9226
Victoria West (530) 406-3609
Reference Number: 4531523964

All Freight charges PPD/3rd party bill to:

C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 4531523964	SKU: 930415	3mL ORANGE STERILE SOLUTION/APPLICATOR	2 Case	3.00	11	Dry	56828-4 150
PO: 4531555910	SKU: 930825	26mL TEAL STERILE SOLUTION/APPLICATOR	1 Case		6	Dry	56828-4 150
PO: 4531564029	SKU: 4403A	SURG. CLIPPER BLADE SENSICLIP	2 Case		2	Dry	92260 100
PO: 4531564029	SKU: 4406	General Purpose blade	10 Case		9	Dry	56828-5 125
PO: 4531564029	SKU: 930400	3mL CLEAR STERILE SOLUTION/APPLICATOR	36 Case		181	Dry	56828-4 150
PO: 4531564029	SKU: 930725	10.5mL TEAL STERILE SOLUTION/APPLICATOR	1 Case		9	Dry	56828-4 150
PO: 4531564029	SKU: 930815	26mL ORANGE STERILE SOLUTION/APPLICATOR	120 Case		657	Dry	56828-4 150
PO: 4531543107	SKU: 930415	3mL ORANGE STERILE SOLUTION/APPLICATOR	1 Case		5	Dry	56828-4 150
PO: 4531537579	SKU: 930415	3mL ORANGE STERILE SOLUTION/APPLICATOR	1 Case		21	Dry	56828-4 150
				3	901		

Shipper Special Instructions:

6027767184

Consignee Special Instructions:

MAK FREIGHT, INC
Pallets: 3 Received

Date:
Received By:

8/9/23

Comments:

*For any problems with this shipment please reach out to 29-CentralOps@CHRobinson.com and chr-bd@chrobinson.com
The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____
Consignee Signature X _____ Date: _____ Seal# _____
Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.