

53133

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.

262498

Carrier: CHR Consolidation El Paso	Pro#: 1555062396	CHR Order#: 1555062396	Ship ID#: 2017157696
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All Freight charges PPD/3rd party bill to:
C.H. Robinson Worldwide, Inc
Billing
P.O. Box 3470
Chicago, IL 60654

BD - El Paso	1550 Northwestern Dr	El Paso, TX 79912	Crystal (915) 231-5053	Reference Number: 7017157696
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Consignee: Due Date 8/5/2022				
MEDLINE INDUSTRIES Inc				
2111 E 36th Dr				
AURORA, CO 80011				
Zachary Hutson (224) 931-7882				
Reference Number: 4515304729				

Type/Reference #	SKU/UPC	Description	QTY/UOM	Pallets	Weight	Temp	Category/ NMFC/Class
PO: 4515304729	SKU: 930400	3mL CLEAR STERILE SOLUTION/APPLICATOR	36 Case	3.00	181	Dry	56828-4 Class
PO: 4515304729	SKU: 930700	10.5mL CLEAR STERILE SOLUTION/APPLICATOR	7 Case	60	Dry	Dry	56828-4
PO: 4515304729	SKU: 930800	26mL CLEAR STERILE SOLUTION/APPLICATOR	9 Case	49	Dry	Dry	56828-4
PO: 4515304729	SKU: 930815	26mL ORANGE STERILE SOLUTION/APPLICATOR	120 Case	657	Dry	Dry	56828-4
PO: 4515304729	SKU: 29904-008	PVPi Scrub solution - 8 oz	2 Case	25	Dry	Dry	45790
PO: 4515304729	SKU: 4403A	SURG. CLIPPER BLADE SENSICLIP	23 Case	23	Dry	Dry	92260
PO: 4515304729	SKU: 4406	General Purpose blade	26 Case	22	Dry	Dry	56828-5
PO: 4515304729	SKU: 4412A	Neuro blade	19 Case	15	Dry	Dry	92260
PO: 4515304729	SKU: 10033		242 Case	3			100

Shipper Special Instructions:
6024968532

Consignee Special Instructions:

Comments:

For problems with this shipment, please contact CH Robinson at PHXLTL2@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: 08-01-22	Trailer#
Consignee Signature X	Date: 08-01-22	Seal#
Driver Signature X	Date:	Seal#

Permanent post-office address of shipper.

MEDLINE INDUSTRIES	
DROP DATE	X
SEAL NUMBER	X
UNLOAD DATE	08-01-22
# OF PIECES RCVD	242
# OF PALLETS RCVD	3
Short Over Damaged	
Shrink wrap intact	(Yes/No)
Sign for Pieces AND Pallets	
RCVD BY	SV.