

**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: 7018473075

Carrier:	CHR Consolidation El Paso
Pro#:	
CHR Order#:	1599414402
Ship ID#:	7018473075

**Consignee: Due Date 8/7/2023**

KAISER DIXON VIRTUAL DC  
700 Vaughn Rd  
Dixon, CA 95620  
Reference Number: 4531555246

**All Freight charges PPD/3rd party bill to:**

C.H. Robinson Worldwide, Inc

Billing

P.O. Box 3470

Chicago, IL 60654

321153

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: 4531555246	SKU: 930825	26mL TEAL STERILE SOLUTION/APPLICATOR	2 Case	1.00	12	Dry	56828-4 150
PO: 4531545271	SKU: 930415	3mL ORANGE STERILE SOLUTION/APPLICATOR	36 Case		190	Dry	56828-4 150
PO: 4531564123	SKU: 4403A	SURG. CLIPPER BLADE SENSICLIP	2 Case		2	Dry	92260 100
PO: 4531564123	SKU: 4406	General Purpose blade	2 Case		2	Dry	56828-5 125
PO: 4531564123	SKU: 4412A	Neuro blade	3 Case		2	Dry	92260 100
PO: 4531564123	SKU: 5513E	New clipper	1 Case		1	Dry	92260 100
PO: 4531564123	SKU: 930725	10.5mL TEAL STERILE SOLUTION/APPLICATOR	4 Case		35	Dry	56828-4 150
PO: 4531564123	SKU: 960120	PURPREP 26ML APPLICATOR	1 Case		5	Dry	56828-4 150
			51	1	249		

**Shipper Special Instructions:**

6027796469

**Consignee Special Instructions:**

**MAK FREIGHT, INC**  
**Pallets: 1 Received**

Date: 8/9/23  
Received By: Chmon

**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.