CENTRAL TRANSPORT® Delivery Receipt

PRO-NUMBER
149-6166224-5

SHIP DATE
2021-11-17

Consignee:
GM WARRANTY PTS 18002
45 NORTHPOINTE DR
ORION, MI 48359

Terminal Location: PONTIAC - MI — Terminal#: 505

Shipper:
FAIREY CHEVROLET OLDS
2885 ST MATTHEWS RD
ORANGEBURG, SC 29118

Terminal Location: COLUMBIA - SC — Terminal#: 292

Reference Number
149-6166224-5

FREIGHT TERMS:

Freight Charges Are Collect

P.O. Number

SCAC: CTII

Special Instructions:

CENTRAL TRANSPORT BILL OF LADING — Page 1

DATE:

Please call Central Transport to schedule a pickup 586-467-1900

SHIP FROM
Name: Fairey Chevrolet
Address: 2885 Saint Matthews Road
City/State/Zip: Orangeburg SC 29118

Bill of Lading Number:

SHIP TO
Name: GM WARRANTY PTS 18002
Address: 45 NORTHPOINTE DR
City/State/Zip: ORION, MI 48359

CARRIER NAME: *Central Transport*
Trailer number:
Seal number(s):
SCAC: *CTII*
Pro number: 149-6166224-5 BL Pg 1

THIRD PARTY FREIGHT CHARGES BILL TO:
Name: NA
Address: NA
City/State/Zip: NA

Freight Charge Terms:
Prepaid ______ Collect _X_ 3rd Party

Transaction #: S001000942609S316630
Emergency response number: InfoTrac 1-800-535-5053 (Account #98073)

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

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (If not listed, please list the UN #, description, class, and ERG #)	LTL ONLY NMFC #	LTL ONLY CLASS
						UN3268, Safety devices, 9, ERG #171	NA	70
						UN3480, Lithium ion batteries, 9, ERG #138		
						UN2794, Batteries, wet, filled with acid,8,ERG #154		
						UN3363, Dangerous goods in apparatus,9,ERG #171		
1				300		UN3528, Engine, internal combustion, flammable liquid powered, 3, ERG #128		
						UN3164 Articles, pressurized pneumatic, 2, ERG #126		
				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: $ __NA__
Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. ______ Shipper
Signature

SHIPPER SIGNATURE / DATE
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded: ☒ By Shipper ☐ By Driver

Freight Counted: ☐ By Shipper ☐ By Driver/pallets said to contain ☒ 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.
[signature] 17 Nov 2021

1 HU 1900186

Signed By: Shannon w

Signature: [signature]
(States shipment received in good order)

HU's Received: 1 *Date:* 2021-11-22

Driver: CT-505209 *Trailer:* 1901317

Arrive Time: 6:59 AM *Depart Time:* 8:14 AM

PRO-NUMBER: 149-6166224-5

☐ Inside Delivery ☐ Sort/Segregate ☐ Driver Delay
☐ Residential Delivery ☐ Liftgate ☐ Redelivery

By signing below, Consignee acknowledges that additional delivery service/s were performed and are subject to rules and conditions outlined in the CT100 series rules tariff.

Customer Signature: ______ *Date:* ______

Date ______ **Number And Type of Container** **Number And Type of PCS** **Exception Type**

Log # ______

Total Exceptions ______

All claims for loss or damage must be reported immediately. By ruling of the Interstate Commerce Commission extension of credit is limited to seven (7) days. A reduction allowance may be made to this bill as permitted by 49 CFR 1051(2)(ii).