



18020 S. SANTA FE AVENUE  
 RANCHO DOMINGUEZ, CA 90220  
 DISPATCH (310) 900-2161 or  
 (310) 900-2162  
 FAX (310) 805-8755

XP18395



DATE 10-19-18 NUMBER

TO PT - LANDED 8610 S ATLANTIC AVE, SOUTHGATE CA 90280  
 FROM SHIPPERS TRANSPORT 1150 E. SEPULVEDA BLVD CARSON CA 90745  
 VESSEL COSCO ASIA BOOKING - B/L COSU6197351160 DESTINATION SOUTH

CONTAINER TCNU2587377 CHASSIS DAE 421328 SEAL 05594439  
 LOADED  EMPTY  53  48  45  40  24  20   
 STANDARD  HIGH CUBE  REEFER  FLAT RACK

APPOINTMENT DATE: 10-19-18 APPOINTMENT TIME: 08:00

REMARKS  
 PRO: 13160630 P/U APPT DT: 10/19/18  
 PCS: P/U APPT TM: 06:30-14:30  
 WGT: 38614 DEL APPT DT: 10/19/18  
 SHIPR: KOHLS LANDED DEL APPT TM: 08:00-16:00  
 PO#: STEAMSHIP : COSCO  
 PICKUP#: CONTAINER : 40HC

The above trailer was received in good condition. Receiver, as agent for the customer, acknowledges that its Receiver's responsibility to notify Southern Counties Express when the trailer is available for pick-up. Customer and Receiver will be liable for any charges accrued against trailers which are out of the carrier's control.

DRIVER	TRUCK #	DISPATCH MOVE#	RECEIVED BY:	DATE	TIME
NIGGLAS	2563			10/19	
			SIGNATURE		

**DELIVERY RECEIPT**  
 Southern Counties Express for any cargo loss is limited to \$1.00 per pound unless otherwise stipulated with a maximum coverage of \$100,000.00.  
 THE LIABILITY OF SOUTHERN COUNTIES EXPRESS FOR ANY CARGO LOSS OR DAMAGE IS LIMITED TO \$1.00 PER POUND UP TO A MAXIMUM OF \$100,000.00 OR INVOICE VALUE, WHICHEVER IS LESS. SOUTHERN COUNTIES EXPRESS SHALL NOT BE LIABLE FOR LOST PROFITS, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES. CUSTOMER IS LIABLE FOR ALL DEMURRAGE, DETENTION, PER DIEM AND DAMAGE CLAIMS ARISING FROM CUSTOMER'S POSSESSION OR USE OF CARGO CONTAINER. IN THE EVENT OF LITIGATION, THE PREVAILING PARTY SHALL BE ENTITLED TO ITS REASONABLE ATTORNEY'S FEES AND COSTS.

<b>DRIVER DELAY AUTHORIZATION -</b>		<b>ALL FIELDS MUST BE FILLED IN AND SIGNED.</b>			
TIME ARRIVED	_____	TIME DEPART	_____		
TIME START	_____	TIME FINISHED	_____		
TOTAL HOURS	_____	- LESS FREE TIME	_____	= CHARGEABLE HOURS	_____
DRIVER WAIT <input type="checkbox"/>	DRIVER LOAD <input type="checkbox"/>	DRIVER UNLOAD <input type="checkbox"/>	DRIVER COUNT <input type="checkbox"/>	DRIVER ASSIST <input type="checkbox"/>	
<b>I AGREE THAT THE ABOVE TIMES AND DESCRIPTIONS ARE CORRECT:</b>					
DRIVER	AUTH#	RECEIVER	DATE	TIME	
_____	_____	_____	_____	_____	



18020 S. SANTA FE AVENUE  
 RANCHO DOMINGUEZ, CA 90220  
 DISPATCH (310) 900-2161 or  
 (310) 900-2162  
 FAX (310) 605-6755



B. 1568834504

DATE 10/19/18 NUMBER

TO Performance Team South Gate  
 FROM Cosco Long Beach  
 VESSEL BOOKING - B/L DESTINATION

CONTAINER TCNU 6036710 CHASSIS STEP469844 SEAL 294481  
 LOADED  EMPTY  53  48  45  40  24  20   
 STANDARD  HIGH CUBE  REEFER  FLAT RACK

APPOINTMENT DATE:

APPOINTMENT TIME:

REMARKS

0240

1302

The above trailer was received in good condition. Receiver, as agent for the customer, acknowledges that is Receiver's responsibility to notify Southern Counties Express when the trailer is available for pick-up. Customer and Receiver will be liable for any charges accrued against trailers which are out of the carrier's control.

DRIVER <i>Man</i>	TRUCK #	DISPATCH MOVE#	RECEIVED BY: <i>[Signature]</i>	DATE 10/19	TIME
			SIGNATURE	PRINT NAME	

**DELIVERY RECEIPT**

THE LIABILITY, IF ANY, OF SOUTHERN COUNTIES EXPRESS FOR ANY CARGO LOSS OR DAMAGE, HOWEVER CAUSED, IS LIMITED TO \$1.00 PER POUND UP TO A MAXIMUM OF \$100,000.00 OR INVOICE VALUE, WHICHEVER IS LESS. SOUTHERN COUNTIES EXPRESS SHALL NOT BE LIABLE FOR LOST PROFITS, SPECIAL, INCIDENTAL, CONSEQUENTIAL OR PUNITIVE DAMAGES. CUSTOMER IS LIABLE FOR ALL DEMURRAGE, DETENTION, PER DIEM AND DAMAGE CLAIMS ARISING FROM CUSTOMER'S POSSESSION OR USE OF CARGO CONTAINER. IN THE EVENT OF LITIGATION, THE PREVAILING PARTY SHALL BE ENTITLED TO ITS REASONABLE ATTORNEY'S FEES AND COSTS.

<b>DRIVER DELAY AUTHORIZATION -</b>			<b>ALL FIELDS MUST BE FILLED IN AND SIGNED.</b>		
TIME ARRIVED	_____	TIME DEPART	_____		
TIME START	_____	TIME FINISHED	_____		
TOTAL HOURS	_____	- LESS FREE TIME	_____	= CHARGEABLE HOURS	_____
DRIVER WAIT <input type="checkbox"/>	DRIVER LOAD <input type="checkbox"/>	DRIVER UNLOAD <input type="checkbox"/>	DRIVER COUNT <input type="checkbox"/>	DRIVER ASSIST <input type="checkbox"/>	
<b>I AGREE THAT THE ABOVE TIMES AND DESCRIPTIONS ARE CORRECT:</b>					
DRIVER	AUTH#	RECEIVER	DATE	TIME	
_____	_____	_____	_____	_____	



18020 S. SANTA FE AVENUE  
RANCHO DOMINGUEZ, CA 90220  
DISPATCH (310) 800-2181 or  
(310) 800-2182  
FAX (310) 805-6755

1



DATE 10-19-18 155976504

TO PT - LANDED 8610 S ATLANTIC AVE SOUTHGATE CA 90280  
FROM SHIPPERS TRANSPORT 1150 E. SEPULVEDA BLVD CARSON CA 90745  
VESSEL COSCO ASIA BOOKING - B/L COSU6197351160 DESTINATION SOUTH

CONTAINER TCNU16269420 CHASSIS MSC2450929 SEAL CG594434

LOADED  EMPTY  53  48  45  40  24  20   
STANDARD  HIGH CUBE  REEFER  FLAT RACK

APPOINTMENT DATE: 10-19-18 APPOINTMENT TIME: 08:00

**REMARKS**

PRO: 13160615 P/U APPT DT: 10/19/18  
PCS: P/U APPT TM: 06:30-14:30  
WGT: 38614 DEL APPT DT: 10/19/18  
SHTPR: KOHLS LANDED DEL APPT TM: 08:00-16:00  
PO#: STEAMSHIP : COSCO  
PICKUP#: CONTAINER : 40HC

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DRIVER	TRUCK #	DISPATCH MOVE#	RECEIVED BY:	DATE	TIME
LUIS M.	556			10/19	9:10A

**DELIVERY RECEIPT**

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**DRIVER DELAY AUTHORIZATION - ALL FIELDS MUST BE FILLED IN AND SIGNED.**

TIME ARRIVED \_\_\_\_\_ TIME DEPART \_\_\_\_\_  
TIME START \_\_\_\_\_ TIME FINISHED \_\_\_\_\_  
TOTAL HOURS \_\_\_\_\_ - LESS FREE TIME \_\_\_\_\_ = CHARGEABLE HOURS \_\_\_\_\_

DRIVER WAIT  DRIVER LOAD  DRIVER UNLOAD  DRIVER COUNT  DRIVER ASSIST

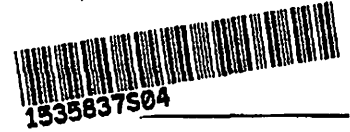
I AGREE THAT THE ABOVE TIMES AND DESCRIPTIONS ARE CORRECT:

DRIVER \_\_\_\_\_ AUTH# \_\_\_\_\_ RECEIVER \_\_\_\_\_ DATE \_\_\_\_\_ TIME \_\_\_\_\_



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 RANCHO DOMINGUEZ, CA 90220  
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DATE 10/17/18



TO South Gate, CA

FROM COSCO

VESSEL \_\_\_\_\_ BOOKING - B/L \_\_\_\_\_ DESTINATION \_\_\_\_\_

CONTAINER TLCU 5729747 CHASSIS FLTZ 400 890 SEAL 594490

LOADED  EMPTY  53  48  45  40  24  20

STANDARD  HIGH CUBE  REEFER  FLAT RACK

APPOINTMENT DATE: \_\_\_\_\_

APPOINTMENT TIME: \_\_\_\_\_

**REMARKS**

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DRIVER	TRUCK #	DISPATCH MOVE#	RECEIVED BY	DATE	TIME
<u>David</u>	<u>P98</u>				
			SIGNATURE		

**DELIVERY RECEIPT**

PRINT NAME \_\_\_\_\_

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			DRIVER ASSIST <input type="checkbox"/>
<b>I AGREE THAT THE ABOVE TIMES AND DESCRIPTIONS ARE CORRECT:</b>			
DRIVER _____	AUTH# _____	RECEIVER _____	DATE _____ TIME _____