

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.

**Pro #**

**Shipper: Ship Date** 4/2/2025

SD3
311 International Trade Pkwy
port wentworth, GA 31407
Shipping Manager (925) 583-9305
Reference Number:

Carrier:	Estes Express Lines
Pro#:	
Load#:	510595910
PO#:	CS0000095372

**Consignee: Due Date** 4/4/2025

John Christina Zubkoff
741 CENTRAL PARK BLVD
Monroe, MI 48162-3599
John (419) 304-6615
Reference Number: CS0000095372

<b>All Freight charges PPD/3rd party bill to:</b>
CHRLTL
14701 Charlson Road
Suite 2100
Eden Prairie, MN 55347

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
PO: CS0000095372		Boxed Furniture	3 Cartons	1.00	246	Dry	79300-7 92.5
Dimensions: L 48.0in x W 40.0in x H 20.0in			<b>3</b>	<b>1</b>	<b>246</b>		

**Shipper Special Instructions:**

**Consignee Special Instructions:**

Lift Gate: This location needs a Lift Gate, Residential: This location is a Residence, Appointment Notification: Destination requires an appointment or notification

**Comments:**

Please contact C.H. Robinson at 866-400-9216 or email LTLKC1@chrobinson.com & JLAHome@chrobinson.com for any in-transit questions or authorizations regarding this shipment. Thank you!

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.