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1000

FedEx Express US Airbill

FedEx Tracking Number 8559 4505 9239

SAC12 Sender's Copy Form ID No. 0215

1 From Please print and press hard. Date Sender's FedEx Account Number Sender's Name Phone Company Address City State ZIP

2 Your Internal Billing Reference First 24 characters will appear on invoice

3 To Recipient's Name Phone

Company DOCKSTADER ORTHO LAB Recipient's Address 340 W CROMWELL AVE STE 102 City FRESNO State CA ZIP 93711-6113

0334839978

Store your addresses at fedex.com Simplify your shipping. Manage your account. Access all the tools you need.

fedex.com 1.800.GoFedEx 1.800.463.3339

4a Express Package Service FedEx Priority Overnight, FedEx Standard Overnight, FedEx First Overnight, FedEx 2Day, FedEx Express Saver

4b Express Freight Service FedEx 1Day Freight, FedEx 2Day Freight, FedEx 3Day Freight

5 Packaging FedEx Envelope, FedEx Pak, FedEx Box, FedEx Tube, Other

6 Special Handling SATURDAY Delivery, HOLD Weekday, HOLD Saturday, Does this shipment contain dangerous goods?

7 Payment Bill to: Sender, Recipient, Third Party, Credit Card, Cash/Check

FedEx Acct No. 1049-5915-6 Total Packages, Total Weight, Total Declared Value

Our liability is limited to \$100 unless you declare a higher value. See back for details.

8 NEW Residential Delivery Signature Options No Signature Required, Direct Signature, Indirect Signature

PULL AND RETAIN THIS COPY BEFORE AFFIXING TO THE PACKAGE. NO POUCH NEEDED.

519

Rev. Date 8/05-Part #158279-01994-2005 FedEx-PRINTED IN U.S.A.-SRF

**CALIFORNIA  
OVERNIGHT**

On Time Delivery For Less

**800-334-5000**

Call For A Pickup!

Account  
Number

46402

**B10143831811**

Date

19245

FROM (Company)

Street Address

Suite

City

State

Zip Code (Required)

Phone Number



B10143831811

**PLEASE PRINT IN BLOCK LETTERS**

TO (Company) WE CANNOT DELIVER TO A P.O. BOX

**DOCKSTADER OTRHODONTIC LAB INC.**

Street Address

340

W. CROMWELL

Suite #

102

City

FRESNO

State

CA

Zip Code (Required)

93711

Phone Number

Recipient's Name

Shipper's Ref. #

**Service Options**

\*If no box is checked, Sunrise Service will be applied.  
\*\*Minimum charge weight is 300 lbs. - Delivery by 5:00 P.M.  
Note: delivery times for all services may be later in some areas.  
Check service guide or visit our website for details.

SUNRISE - BY 10:30 AM\*

SUNRISE GOLD - BY 8:00 AM\*  
 HEAVYWEIGHT\*\*

Saturday Delivery - Extra Charge  
(see Service Guide for details)

HOLD FOR PICKUP

This shipment requires a delivery signature

Declared Value \$  
(maximum \$25,000)

.00

C.O.D. Amount \$, Limit \$5,000  
(affix C.O.D. tag to package)

**Billing Information**

If none is selected, shipper will be invoiced.

Bill Shipper's Account

Bill Recipient Acct #

Bill Third Party Acct #

**Weight**

Specify:

8 oz. Letter  
or

Weight lbs.  
(Subject to  
verification)

Dim weight charge if greater than actual weight

L in. X W in. X H in.

+225 = \_\_\_\_\_

Driver #

Pick-up Time

Shipper's Signature

Driver's Initials

Shipper's Name

CALIFORNIA OVERNIGHT COPY