



UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE

All services are subject to the terms and conditions of the FXF 100 Series Rules Tariff. See fedex.com for details--- QUESTIONS? CALL 1.866.393.4585

 773494170259 		Date 04/20/2021		Purchase Order # 50440658	
		Shipper #		Shipper #	
		REQUIRED: Please select a service type <input type="checkbox"/> FedEx Freight® Priority <input checked="" type="checkbox"/> FedEx Freight® Economy		OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply). <input type="checkbox"/> A.M. Delivery <input type="checkbox"/> Close of Business Delivery	
SHIPPER (from) Please provide ZIP codes and phone numbers. CONSIGNEE (to)					
Shipper Cadeco Industries, Inc.		FXF Acct. #		Consignee JHF USA EXPORTS, INC.	
Attn. to Krystal Villatoro		Area Code Phone Number (281) 417-0801		Attn. to	
Address 2851 East Pasadena Boulevard				Address 9330 W AIRPORT BLVD	
Address (Store, Dept., Ste., Flr., Apt., Div.)				Address (Store, Dept., Ste., Flr., Apt., Div.) STE 150 ***USE ACCT 498037372***	
Address				Address	
City DEER PARK				City HOUSTON	
State/Province TX		ZIP/Postal Code 77536		Country US	
Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access				Optional or Additional Services Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access	
Shipper Bill of Lading # 210209-1630-2071				<input type="checkbox"/> Custom Delivery Window:	
Special Instructions					
BILL FREIGHT CHARGES TO (if different than above):					
Name		FXF Acct. #		Mailing Address	
City		State		ZIP/Postal Code Country Area Code Phone Number	
Freight charges are PREPAID unless marked collect. CHECK BOX IF COLLECT <input checked="" type="checkbox"/>		C.O.D. <input type="checkbox"/> USD <input type="checkbox"/> CAD AMOUNT		1. The letters "C.O.D." must appear in box before consignee's name above. 2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check 3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee	
REMIT C.O.D. TO (if different than shipper above):					
Name				Mailing Address	
City		State		ZIP/Postal Code Country Country Code Area Code Phone Number	
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, and to all applicable state and federal regulations, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, and the conditions of the FXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.					
HANDLING UNITS (H/U)	H/U PKG. TYPE	PIECES	HM (X)	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS. (subject to correction)
1	PLT	195		Foodstuff	1280.0 LB
				DIMS: 48 X 40 X 50 IN PO #:50440658	
				TOTAL WEIGHT	1280.0 LB
				FOOD	
TOTAL H/U: 1 MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.					
HM EMERGENCY CONTACT PHONE NUMBER AREA CODE CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO. PROVIDER or CONTRACT# _____				FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS. EEI/SED Number or Exception _____ Phone # _____ AREA CODE _____ Broker Name _____ Fax # _____	
NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must 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 lbs." NOTE (2) Liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. See FXF 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$.50 per pound per package. (or its equivalent in Mexican Pesos (MXN) or Canadian Dollars (CAD), at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FXF 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.				FOR FREIGHT COLLECT SHIPMENTS Subject to Section 7 of conditions of applicable Bill of Lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. Consignor Signature _____ SHIPPER CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Shipper Signature _____ Date _____	
<input type="checkbox"/> Articles are NEW , and Require Excess Liability Coverage in the amount _____ <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> MXN per <input checked="" type="checkbox"/> lb. or <input type="checkbox"/> kg. Additional charges will apply. <input type="checkbox"/> Articles are USED or RECONDITIONED and require Excess Liability Coverage. Additional charges will apply.				CARRIER CERTIFICATION 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 document in the vehicle.	
DATE		DRIVER/EMPLOYEE NUMBER		PIECE COUNT TRAILER #	