Date: 04/13/2021

BILL OF LADING DELIVERY ORDER



Page 1 of 1

| Ship From | | | | | | | | | | Bill Of Lading / Booking Number: | | | | | | |
|--|---|------------------------------------|---|--|--|--|---|---|--|--|---|---------------------------------|---------|----|--|--|
| Name: Halls Warehouse Address: 100 Saw Mill Pond Road | | | | | | | | | | | 81224616 | | | | | |
| City/State/Zip: Edison, NJ 08817 Contact: Eesha Kapadia | | | | | | | | | | Carrier Name: A DUIE PYLE TRANSPORTATION SER Trailer Number: | | | | | | |
| Phone: 732-339-0020 x 0603 Fax: | | | | | | | | | | Seal Number(s): Quote Number: | | | | | | |
| Hours: 01:00 PM - 04:00 PM Call For Appt: NO | | | | | | | | | | Quote Number: Reference No: | | | | | | |
| Ship To | | | | | | | | | | SCAC: PYLE | | | | | | |
| Name: SHIPCO TRANSPORT C/O INTERNATIONAL CARGO TERMINALS INC Address: 699 KAPKOWSKI ROAD City/State/Zip: ELIZABETH, NJ 07201 | | | | | | | | | | Pro number: | | | | | | |
| | | | | | | | | | | Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: Collect: 3rd Party: X | | | | | | |
| Hours: 06:00 AM - 03:00 PM Call For Appt: NO | | | | | | | | | | Master Bill Of Lading with attached underlying | | | | | | |
| Third Party Freight Charges Bill To: | | | | | | | | | | ☐ Bills Of Lading (check box) | | | | | | |
| Name: VANGUARD LOGISTICS C/O CTS Address: P.O. BOX 441326 | | | | | | | | | | IT No: | | | | | | |
| City/State/Zip: KENNESAW, GA 30160 Phone: 888-690-8686 | | | | | | | | | | | Master BOL: PU No: Container No: | | | | | |
| | Please advise CTS of any added charges or request for changes. Request LOA prior to delivery by email: srod@odysseylogistics.com or phone: 770-874-4998. | | | | | | | | | | | | | | | |
| | | | | | | | sroa@ | | | om or pn structions: | one: //U-8/4 | -4998. | | | | |
| | CONSIGNEE NOT AUTHORIZED TO ADD, DELETE OR MODIFY SERVICES/CARRIER INSTRUCTIONS ESTABLISHED ON THIS BILL OF LADING | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| вос | BOOKING NO. 81224616 P/U# 6220905 & 6220793 INV# 210308-1014-4071, 210326-1510-4071 | | | | | | | | | | | | | | | |
| Customer Order Number # Pkgs W | | | | | | | | | | ler Informa eight | tion Pallet/Slip | Additional Shipper Info | | | | |
| 3, | | | | | | | | | | 33 lbs | YES | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| Gran | nd Total | | | | | | | 2 | | 33 lbs | | | | | | |
| Handling Unit Package HM Weight Stack | | | | | | | | | Commodity Description LTL Only NMFC Class | | | | | | | |
| Qty | Туре | Qty | Qty Type | | (lbs) | | | <u> </u> | | | | | | | | |
| 2 | Pallet | 0 | | | 2633 | N | | | | YRUPS SUGARS AND SWEETNERS ms: 48.00in x 40.00in x 55.00in | | | | 70 | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 2 | | 0 | | | 2633 | | | | Total (| Cube: 122 | Grand To | otal | | | | |
| | | | | | | | | o state specifically | in | COD Amount: \$ | | | | | | |
| , | , | | | | | | rty as follow | | Fee Terms: Collect Prepaid | | | | | | | |
| | eeding | eciar | ed vail | Je of | _ per | rty is sp | ecifically st | ated by the shipper | Customer check acceptable: | | | | | | | |
| | | | Note I | Liabi | lity Limit | ation f | or loss or | damage in this sl | hipment | may be ap | plicable. See 49 | 9 U.S.C 14706(c)(1)(A) and (B). | | | | |
| betwe been e federal NM | en the carri stablished to regulations IFC Uniform | er and y the . The Strain | I shipper carrier a shipper ght Bill c | r, if ap ind are hereby of Ladi | plicable, otle available to certifies the ng, including | herwise to the ship nat he/ship g those o | o the rates, cla pper, on reque e is familiar wi on the back the | we been agreed upon in issifications and rules the st, and to all applicable th all terms and condition ereof, and the said term i/herself and his/her as: | The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges Shipper Signature | | | | | | | |
| | | | | | ure / Da | | | Trailer Loaded: | | ht Counte | d: | Carrier Signature / Pick | up Date | | | |
| This i packaged | s to certify tha | the ab | ove named I, and are | materi | als are proper er condition fo epartment of T | ly classified r transporta | d, described, ation according on. | By Shipper By Driver | Shipper Driver/palle | | Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted. | | | | | |
| | | | | | | | | | Ву | Driver/Piece | es | | | | | |