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Ship From				Bill Of Lading / Booking Number: 10002060						
Name: TRUE CITRUS Address: 11501 POCOMOKE COURT, STE D City/State/Zip: Middle River, MD 21220 Contact: TIM NINE Phone: 443-772-2429 Fax: 443-772-2429 Hours: 07:00 AM - 02:30 PM Call For Appt: NO				Carrier Name: WARD TRUCKING Trailer Number: Seal Number(s): Quote Number: Reference No:						
Ship To				SCAC: WARD Pro number:						
Name: FAMOUS PACIFIC SHIPPING C.O ST. GEORGE LOGISTICS Address: 6801 WEST SIDE AVE. City/State/Zip: North Bergen, NJ 07047 Contact: EXPORT LCL RECEIVING Phone: 201-865-6200 Fax: 201-865-0279 Hours: 09:30 AM - 04:00 PM Call For Appt: NO				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3rd Party: <u> X </u>						
Third Party Freight Charges Bill To:				<input type="checkbox"/> Master Bill Of Lading with attached underlying Bills Of Lading (check box)						
Name: UNION LOGISTICS C/O CAPITAL TRANSPORTATION SOLUTI Address: P.O. BOX 441326 City/State/Zip: KENNESAW, GA 30160 Phone: 888-690-8686				IT No: 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.										
Special Instructions:										
CONSIGNEE NOT AUTHORIZED TO ADD, DELETE OR MODIFY SERVICES/CARRIER INSTRUCTIONS ESTABLISHED ON THIS BILL OF LADING										
FOR PICKUP: INVOICE #: 210826-0940-10681: ATOP FOR DELIVERY: BOOKING# FPS214318HKG										
Customer Order Information										
Customer Order Number			# Pkgs		Weight	Pallet/Slip	Additional Shipper Info			
Grand Total			0		0 lbs					
Carrier Information										
Handling Unit		Package		HM	Weight (lbs)	Stack	Commodity Description		LTL Only	
Qty	Type	Qty	Type						NMFC	Class
2	Pallet	292	Carton		573	N	Powdered drink mix Dims: 48.00in x 40.00in x 52.00in			200
2		292			573		Total Cube: 115.56 cu ft - 4.96 pcf		Grand Total	
Where the rate is dependent on value, shippers are required to 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 _____							COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
Note Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).										
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 shipper hereby certifies that he/she is familiar with all terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.							The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges _____ Shipper Signature			
Shipper Signature / Date <small>This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.</small>				Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		Carrier Signature / Pickup Date <small>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.</small>		