



Straight Bill of Lading Form

Carrier:		Shipped Date:		ORDER #:	
WARD TRUCKING		11/4/2021		B FERNANDEZ & HNOS	
Shipper/From:			Consignee/To: (Freight Forwarder)		
GOVARA C/O TRUE CITRUS 11501 POKOMOKE CT. SUITE D MIDDLE RIVER, MD 21220 BARRY 215-260-4302			Magic Transport 1421 PINEWOOD ST RAHWAY, NJ 07065 732-882-1100		
No Skids	Description of Articles	Weight	Class	Please Apply Quote#	
1	48X40X60	528 LBS	65	1637762	
	NMFC# 2106.90.5400	INLAND FREIGHT CHARGES BILL TO: (US ONLY)			
	HRS: 8-4				
	PO/REF:210928-6551	“COLLECT”			
DECLARED VALUE: \$_____	C.O.D AMOUNT: \$_____	INSURANCE: () Yes () No		OCEAN FREIGHT TERMS Check Appropriate Box: () Collect () Prepaid	
Special Instructions: A Commercial Invoice is required for all shipments prior to export. Should the value of any particular item (s) exceed \$2500 an electronic export information (EEI) must be filed with the Census Bureau. By signing this document I authorize to act as forwarding agent (FA) Magic Transport Inc. for export control and customs purposes and to file any Electronic Export Information (EEI) thru the Automated Ex[prt Systems (AES) to the US Census Bureau Department (USCBD), wich may be required by law or regulation in connection with the exportation or transportationof any merchandise on behalf of said U.S. Principal Party in Interest (USPPI). The USPPI certifies that necessary and proper documentation to accurately complete the EEI is and will be provided to the said FA. The USPPI further understands that civil and criminal penalties may be imposed for making false or fraudulent statements or for the violation and agrees to be bound by all statements of said FA based upon verbal information or documentation provided by exporter or USPPI to said FA.					
<u>Driver must sign to acknowledge picking up this freight</u> X _____ Driver's Signature/ Skid(s) picked up					

IF DECLARED VALUE EXCEEDS \$2500 (US DOLLARS) A SHIPPER EXPORT DECLARATION MUST BE COMPLETED. IN SUCH CASE THE FOLLOWING INFORMATION MUST BE PROVIDED BEFORE SAILING:

_____ PLEASE MARK IF SED HAS BEEN FILED FOR THIS SHIPMENT ITN# _____

EXPORTER NAME (COMPANY) _____ TAX ID No _____

US PRINCIPAL PARTY OF INTEREST (SHIPPER) HEREBY AUTHORIZES MAGIC TRANSPORT INC TO ACT AS FORWARDER. DULY

AUTHORIZED OFFICER OR EMPLOYEE (NAME) _____ TITLE: _____

COMMODITY OR SCHEDULED B# _____ VALUE \$ _____

COMMODITY OR SCHEDULED B# _____ VALUE \$ _____

COMMODITY OR SCHEDULED B# _____ VALUE \$ _____

COMMODITY OR SCHEDULED B# _____ VALUE \$ _____

SHIPPER'S SIGNATURE: _____