

Date: 04/14/2022		<b>BILL OF LADING</b>	
<b>SHIP FROM</b>		Bill of Lading Number : <u>174101071</u>	
Name: HOMETOWN FOOD COMPANY Address: C/O ODW LOGISTICS 1325 HWY 155 SOUTH City/State/Zip: MC DONOUGH,GA 30253 Ph: 678-235-7135 Contact: SHANQUITA SLATER		Carrier Name: <u>TFORCE FREIGHT</u>  SCAC: UPGF Pro number:	
<b>SHIP TO</b>		Freight Charge Terms: <i>(freight charges are prepaid by Worldwide Express unless indicated otherwise)</i>	
Name: GLI-IMPORTADORA Location# EXPORTADORA NIMAR Address: C/O GESTION LOGISTICA INTEGRAL 6122/6124 NW 74TH AVE City/State/Zip: MIAMI,FL 33166 Ph: 1(305)635-2525 Contact: LCL EXPORT DEPT/THALIA MARCANO			
<b>FREIGHT CHARGES BILL TO</b>		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading	
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219		WWE Number: W210997714	
SPECIAL INSTRUCTIONS: For assistance, please Email nhfreight@wwex.com  Handling Instructions: Call 603-373-0055 for immediate assistance for any pick-up or delivery issues. Pickup Instructions: PICKUP NUMBER: IPR123880 Delivery Instructions:			
<b>REFERENCE NUMBER INFORMATION</b>			
REFERENCE	# PKGS	REFERENCE	# PKGS
CR:john@seacoastlogistics.com			
RN:PICKUP NUMBER: IPR123880 APRIL 14TH - 10AM	2		
RN:CLIENT: GROVARA LLC ORDER 211215-1539-5391 NIMAR			
Total # of Pkgs 2			
<b>CARRIER INFORMATION</b>			
HANDLING UNITS		PIECES	
QTY	TYPE	QTY	TYPE
2	PLT	2	PLT
2		2	
WEIGHT LBS		H.M. X	
2560		2560	
COMMODITY DESCRIPTION		LTL ONLY	
Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged to ensure safe transportation with ordinary care. See section 2(e) of NMFC Item 360		NMFC# CLASS	
DRY FOOD STUFFS, 48(L) x 40(W) x 44(H) DO NOT STACK		156600 70	
<b>Grand Total</b>			
Where the rate is dependent on value , shippers are required to state specifically in writing the agreed or declared value of 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: 3 <sup>rd</sup> Party WWE Remit Address:	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)		Acceptable Forms of Payment: <input type="checkbox"/> Bank Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and Worldwide Express Operations, LLC. a registered motor carrier, pursuant to 49 USC 14101(b) and all applicable state and federal regulations.		CARRIER SIGNATURE /PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and /or carrier has DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.	
SHIPPER'S SIGNATURE / DATE 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.		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	
		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces	
(Signature) (Date)		(Signature) (Date)	

