

SHIPPER (Name & Address) Grovara LLC 1900 Market Street Suite 800 Philadelphia, PA 19103 USA		INLAND CARRIER					
		SHIP DATE 23-Jan-2023			PRO NO		
EXPORTER EIN (IRS) No. 27-4822315		PARTIES TO TRANSACTION <input type="checkbox"/> Related <input checked="" type="checkbox"/> Non-Related					
ULTIMATE CONSIGNEE TDL International Calle 4ta. Ave. 4ta. Manzana 32 France Field, Colon Free Zone, 219 PA							
INTERMEDIATE CONSIGNEE							
FORWARDING AGENT		POINT (STATE) OF ORIGIN OR FTZ NO True Citrus, 11501 Pocomoke Court, Suite D, Middle River, MD 21220 - US					
		COUNTRY OF ULTIMATE DESTINATION PA					
SHIPPER'S LETTER OF INSTRUCTION		SHIP VIA <input type="checkbox"/> AIR <input checked="" type="checkbox"/> OCEAN <input type="checkbox"/> TRUCK <input type="checkbox"/> RAIL <input type="checkbox"/> COURIER					
SHIPPER'S REF NO. 220222-1310-2141		Date 30-Jan-2023		<input type="checkbox"/> CONSOLIDATE <input checked="" type="checkbox"/> DIRECT			
SCHEDULE B DESCRIPTION OF COMMODITIES							
D/F	MARKS, NOS, AND KIND OF PKGS SCHEDULE B NUMBER		QUANTITY SCHEDULE B UNIT(S)	SHIPPING WEIGHT (KGS)	SHIPPING WEIGHT (LBS)	CUBIC METERS	VALUE (CURRENCY)
D	2106.90.5200 - Cream & Creamers		196 CASES	178	392	38617	\$3,371.20 USD
D	1701.91.1020 - Mixtures of Juices		1960 CASES	1778	3920	2435018	\$33,712.00 USD
D	3302.10.0000 - Mixtures of Juices		800 CASES	726	1600	1326319	\$13,760.00 USD
VALIDATED LICENSE NO / GENERAL LICENSE SYMBOL			ECCN (When Required)			SHIPPER MUST CHECK <input checked="" type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	
DULY AUTHORIZED OFFICER OF EMPLOYEE			The Exporter authorizes the forwarder named above to act as forwarding agent for export control and customs purposes.			C.O.D AMOUNT:	
SPECIAL INSTRUCTIONS						<input type="checkbox"/> YES, PREPARE BOL AND FORWARD FOR BANKING	
SHIPPER INSTRUCTIONS IN CASE OF INABILITY TO DELIVER CONSIGNMENT <input type="checkbox"/> ABANDON <input type="checkbox"/> RETURN TO SHIPPER <input checked="" type="checkbox"/> DELIVER TO Informe Grovara LLC						SHIPPER REQUESTS INSURANCE <input type="checkbox"/> NO <input type="checkbox"/> YES & AMT	
NOTE The Shipper or the Authorized Agent hereby authorizes the above named Company, in the name and on his behalf to prepare any export documents to sign and accept any documents relating to said shipment and forward to shipment in accordance with the conditions of carriage and the tariffs of the carriers employed. The shipper guarantess payment of all collect charges in the event the cosignee refuses payment. Hereunder the sole responsibility of the Company is to use reasonable care in the selection of carriers, forwarders agents and others to whom it may entrust the shipment.							
GBM SLI							