

Date: 4/1/2022		BILL OF LADING / DELIVERY ORDER		Page: _____		
SHIP FROM			Bill of Lading Number: 112811133			
LesserEvil Snacks 41 Eagle Road, Danbury, CT 06810 Allen Avery - (203) 529-3551			Reference Number: TROY BKG: 772079NYCAO			
SHIP TO			Purchase Order Number: Ref: R/O N A01360-0322 - 220228-0805-4881			
TROY / STG Logistics (201) Firms Code F146 6801 Westside Avenue North Bergen, NJ 07047 Jennifer Rios - (201) 865-3399						
THIRD PARTY FREIGHT CHARGES BILL TO			Carrier Name: A. DUIE PYLE, INC.			
Name: COTA Logistics Corp Address: 27 West Street Suite 25 City/State/Zip: Red Bank, NJ, 07701 Normal			Quote ID Number: 59175221			
ORIGIN INSTRUCTIONS: Ref: R/O N A01360-0322 - 220228-0805-4881			Pro number:			
SERVICE LEVEL: Normal			Freight charge terms: (freight charges are prepaid unless marked otherwise)			
NOTES:			3rd Party			
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill of Lading (check box)			
CUSTOMER ORDER INFORMATION						
CUSTOMER PO NUMBER		#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO		
Ref: R/O N A01360-0322 - 220228-0805-4881		1	198 lbs	PALLET / SLIP (CIRCLE ONE)		
IMPORTANT!!!						
PLEASE ADVISE COTA OF ANY CHANGES OR REQUEST FOR CHANGES. REQUEST AUTHORITY PRIOR TO DELIVERY FOR ANY ADDITIONAL CHARGES AT DISPATCH@COTACORP.COM. CONSIGNEE IS NOT AUTHORIZED TO ADD, DELETE OR MODIFY SERVICES/CARRIER INSTRUCTIONS ESTABLISHED ON THIS BILL OF LADING.						
CARRIER INFORMATION						
HANDLING UNIT		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE				NMFC#	CLASS#
1	Piece	198 lbs		healthy snacks (48x40x96in		300
1		198 lbs				
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). SUBJECT TO TERMS AND CONDITIONS SET BY COTA LOGISTICS CORP. AVAILABLE AT COTACORP.COM OR ON REQUEST TO DISPATCH@COTACORP.COM.						
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 carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature Shipper		
SHIPPER 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 regulation 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/pallets said to contain <input type="checkbox"/> By Driver/pieces		
				CARRIER SIGNATURE / PICKUP DATE 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.		