

Shipper TRUE CITRUS
Address: 11501 Pocomoke Court, Suite D
Middle River, MD 21220
Country: USA
Contact Name: shipping
Phone No: (866) 885-3666
Contact Email:
Fax No:

Carrier: Central Transport
PO # : PO301875
Shipper Ref #: #PO
220407-1338-6551
(PO301875)
Customer BOL NO: LGLG1009572
Origin Terminal: **Destination Terminal:**
P:(586) 467-1900 P:(586) 467-1900
Shipment Date: 09/21/2022
Est. Transit Days: 3 day(s)
Carrier PRO #:

Consignee LOGY GLOBAL / FYL
Address: 13291 VANTAGE WAY SUITE 101
DOORS 2 – 3
Jacksonville, FL 32218
Country: USA
Contact Name: receiving
Phone No: (904) 864-8775
Contact Email:
Fax No:

Third Party Billing Information :
All charges prepaid to :
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (239) 350-5518
GTZ BOL NO : 25500410

Comments/Special Instructions:

Delivery Remarks:LGLG1009572

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	1	0		Flavor Powder	496 lbs	100	40 In	48 In	50 In	73260-06
Total:	1	0			496 lbs					

Any problems with delivery, please contact Jean Jarito at jean.j@shipprimetime.com or (239) 350-5518.

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____ **Date:** _____ **Trailer#:** _____

Driver's Signature: _____ **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Consignee Signature: _____ **Print Name:** _____

Company Name: _____ **Date:** _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR