

Straight Bill of Lading - Short Form - Original - Not Negotiable

GTZ BOL NO: 24614972

Shipper WATERLOO

Address REFRESCO 5210,S 16TH AVE.

Tampa, FL 33619

Country USA

Contact Name

B FERNANDEZ & HERMANOS

Phone Number Contact Email Fax Number Carrier: ATLANTIC STARS 1 LLC

Shipment Date:05/11/22

Carrier Pro#:

Ref #:52556032/SHP3159103

Carrier Quote #: P/O #:LGLG1008344 Customer BOL NO:



Consignee LOGY GLOBAL / COASTAL

INTERNATIONAL

Address Logy Global

2600 LLOYD RD JAX, FL 32254

Country USA

Contact Name Juan Carlos Lopez **Phone Number** (904) 589-3010

Contact Email Fax Number Third Party Billing Information:

All charges are prepaid to:

GlobalTranz PO Box 6348

Scottsdale AZ 85261

Direct billing inquiries to : (866) 275-1407

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Comments/Special
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Instructions:

Pickup Remarks : Delivery Remarks :

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
8	8		CARBONATED WAT ER	16000		48	40	55		false

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.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature:						
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

