



Shipper Address: NATURE'S HOLLOW 3290 W 3500 Heber City, UT 84032 Country: USA Contact Name: SHIPPING Phone No: (435) 654-3393 Contact Email: trent@natureshollow.com Fax No:	Carrier: Reddaway PO # : Shipper Ref #: Customer BOL NO: Origin Terminal: Destination Terminal: P:(801) 977-6200 P:(310) 323-1281 Shipment Date: 11/08/2022 Est. Transit Days: 2 day(s) Carrier PRO #:
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Consignee Address: EXPRESS LINE CORP / GARDENA 540 E ALONDRA BLVD Gardena, CA 90248 Country: USA Contact Name: MANDY Phone No: (310) 590-8823 Contact Email: Fax No: Opening Hours: 9:00 Closing Hours: 4:00 PM AM	Third Party Billing Information : All charges prepaid to : GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ BOL NO : 25801263
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Comments/Special Instructions: Stackable	
Pickup Remarks: PO# 220630-1251-4991 / GROVARA	Delivery Remarks: OCEAN / ORGANIC PLUS

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	1	0		JAM, JELLIES & SPREADS	2384 lbs	70	40 In	48 In	45 In	000
Total:					2384 lbs					

Any problems with delivery, please contact Dallas OPS at dallasops@globaltranz.com or (866) 275-1407.

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