

BILL OF LADING



Reference							PRO		
Carrier: TForce Freight, UPGF Pickup Date: 7/28/2022 8:00 AM - 3:00 PM Estimated Delivery Date: 8/2/2022 Delivery Window: 8:00 AM - 5:00 PM PO: AF0033281 PO: 17423 BOL: 60103413759 Carrier Quote Number: 306132719							AFFIX PRO STICKER HERE		
							Origin Terminal		
							KANSAS CITY, KS Phone: +1 (913) 281-0055		
							Destination Terminal		
CARTERET, NJ Phone: +1 (732) 750-3500									
Shipper							Consignee		
Smart Warehousing 19351 Montrose St. Edgerton, KS 66021 ATTN: Hella Cocktail P: +1 (913) 802-2663 wh25traffic@smartwarehousing.com							American Food Export Services 1100 MILIK STREET , SUITE A Carteret, NJ 07008 P: +1 (908) 754-1300		
3rd Party Bill To							Freight Terms		
Priority1 Inc. ATTN: Accounts Payable P.O. Box 398 North Little Rock, AR 72115 P: +1 (501) 371-9814							<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party		
Special Instructions: Customer note: *NON-STACKABLE							Accessorials: Delivery Appointment		
Units	Type	Pieces	Weight	Dimensions	HM	NMFC	Item Description	Class	
1	Pallet	83	1,797 lbs	40" x 48" x 47" (in)		72160	Beverages	60	
1			1,797 lbs				Grand Totals		
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 ____."									
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. Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).					Trailer Loaded Shipper <input type="checkbox"/> Driver <input type="checkbox"/>		Freight Counted Shipper <input type="checkbox"/> Driver <input type="checkbox"/>		
					The Carrier shall not make delivery of this shipment without payment of and all other lawful charges. Shipper: _____				
Shipper Signature / Date							Carrier Signature / Pickup Date		
Shipper: _____ This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.							Carrier: _____ 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 vehicle. Property described above is received in good order, except as noted.		