

Shipper JANUARY LANE WAREHOUSE
Address: 2010 JANUARY LANE SUITE 100
Grand Prairie, TX 75050
Country: USA
Contact Name: SHIPPING OFFICE
Phone No: (469) 805-6234
Contact Email:
Fax No:

Carrier: Roadrunner
Freight

Shipment Date: 10/24/2022

PO # :

Est. Transit Days: 3 day(s)

Shipper Ref #:

Carrier PRO #:

Customer BOL NO:

Origin Terminal:

Destination Terminal:

P:(800) 697-7337

P:(800) 695-1699

Consignee EXPRESS LINE CORP /
GARDENA WAREHOUSE
Address: 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:** 4:30 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 : 25707675

Comments/Special Instructions: Stackable

Pickup Remarks:ORDER# 34926-12915800 (RXSUGER / GROVARA)

Delivery Remarks:OCEAN / GROVARAA

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	1	0		SWEETENER	1598 lbs	70	40 In	48 In	63 In	000
Total:	1	0			1598 lbs					

Any problems with delivery, please contact Dallas OPS at dallasops@globaltranz.com or (972) 346-4471.

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