

Date: 12/13/2022		BILL OF LADING			
SHIP FROM					Bill of Lading Number : <u>188350193</u>
Name: HOMETOWN FOOD COMPANY Address: C/O ODW LOGISTICS 1325 HWY 155 SOUTH City/State/Zip: MC DONOUGH,GA 30253 Ph: 678-235-7130 Contact: SHANQUITA SLATER					Carrier Name: <u>Forward Air</u>
FOB: <input type="checkbox"/>					SCAC: FWDN Pro number:
SHIP TO					Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)
Name: MASTERLINE LOGISTICS Location# PANAMA Address: C/O IFS NEUTRAL MARITIME 1350 NW 121 STREET SUITE 900 City/State/Zip: MIAMI,FL 33182 Ph: 305 639 9695 Contact: IGNACIO RIVERO/LUCIA VARELA					
FOB: <input type="checkbox"/>					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading
FREIGHT CHARGES BILL TO					
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219					WWE Number: W210997714
SPECIAL INSTRUCTIONS: For assistance, please Email nhfreight@wwex.com					
Handling Instructions: Call 603-373-0055 for immediate assistance for any pick-up or delivery issues.					
Pickup Instructions: PICKUP NUMBER: IPR146739					
Delivery Instructions:					
REFERENCE NUMBER INFORMATION					
REFERENCE		# PKGS	REFERENCE		# PKGS
CR:john@seacoastlogistics.com					Total # of Pkgs 1
RN:GROVARA LLC ORDER: 221116-0825-5391		1			
RN:PICKUP NUMBER: IPR146739 10:00 12/13					
CARRIER INFORMATION					
HANDLING UNITS		PIECES		WEIGHT LBS	H.M. X
QTY	TYPE	QTY	TYPE		
1	PLT	96	CAS	1276	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged to ensure safe transportation with ordinary care. See section 2(e) of NMFC Item 360 NUTRITIONAL SNACKFOODS, 48(L) x 40(W) x 45(H) DO NOT STACK
1		96		1276	
Grand Total					LTL ONLY
					NMFC#
					CLASS
					156600
					65
Where the rate is dependent on value , shippers are required to state specifically in writing the agreed or declared value of property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.				COD Amount: \$ Fee Terms: 3 rd Party WWE Remit Address:	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)				Acceptable Forms of Payment: <input type="checkbox"/> Bank Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order	
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and Worldwide Express Operations, LLC. a registered motor carrier, pursuant to 49 USC 14101(b) and all applicable state and federal regulations.				CARRIER SIGNATURE /PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and /or carrier has DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted. _____ (Signature) _____ (Date)	
SHIPPER'S SIGNATURE / DATE This is to certify that the above-named materials are properly classified, described, packaged marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.		Trailer Loaded:	Freight Counted:		
		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces		
(Signature) _____ (Date) _____					

