

Shipper	Refresco	Carrier:	Southeastern Freight Lines	Shipment Date:	02/28/2023
Address:	5210 S 16th Ave	PO # :		Est. Transit Days:	1 day(s)
	Tampa, FL 33619	Shipper Ref #:		Carrier PRO #:	
Country:	USA	Customer BOL NO:			
Contact Name:	Shipping	Origin Terminal:		Destination Terminal:	
Phone No:	(813) 496-2294	P:(813) 986-2900		P:(305) 889-0501	
Contact Email:					
Fax No:					

Consignee	Essence St. Patrack's Grenada	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 : 26451692			
Address:	c/o King Ocean				
	13155 NW 19th Lane				
	Sweetwater, FL 33182				
Country:	USA				
Contact Name:	Peter Fernandez				
Phone No:	(305) 597-1384				
Contact Email:					
Fax No:					
Opening Hours:	8:00	Closing Hours:	5:00 PM		
AM					

Comments/Special Instructions:	
Pickup Remarks: Reference 52772457	Delivery Remarks: Please reference ultimate consignee and country as Essence in St. Patrick's Grenada at delivery.

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	2	2		Sparkling Water	4061 lbs	60	40 In	48 In	55 In	196500-01
Total:	2	2			4061 lbs					

Any problems with delivery, please contact GlobalTranz at (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