



SHIP FROM:															
Name: TRUE CITRUS					Load#: T240529-00180					Date: 05-30-2024					
Address: 11501 POCOMOKE COURT SUITE D					BOL#: T00626130					Client Tracking#:					
City/State/Zip: Middle River, MD 21220					Accessorial Required: Appointment										
Hours of Operation: OpenClose 09:00 To 15:00					SPECIAL INSTRUCTIONS: LGLG1014818										
Contact:															
SHIP TO:															
Name: Logy Global					* PLACE PRO LABEL HERE *										
Address: 11070 Cabot Commerce Cir. Ste 100															
City/State/Zip: Jacksonville, FL 32226															
Hours of Operation: OpenClose 09:00 To 16:00															
Contact: Juan , 904-864-8775															
THIRD PARTY FREIGHT CHARGES BILL TO:															
Name: Traffix - Corporate HQ					REQUESTED SERVICE:										
Address: 1-375 Wheelabrator Way															
City/State/Zip: Milton, ON L9T3C1					SCAC: RDFS NAME: ROADRUNNER FREIGHT										
Freight Charge Terms:(freight charges prepaid unless marked)					Trailer Number:					Pro Number:					
Prepaid [X] Collect 3rd Party [X]															
CUSTOMER ORDER INFORMATION:															
CUSTOMER ORDER NUMBER				# PKGS		WEIGHT		PALLET SLIP YES or NO		ADDITIONAL SHIPPER INFO					
1461787				2		752.00				Quoteld#: 8731775; PO#: 240429-1413-6551;					
GRAND TOTAL				2		752.00									
CARRIER INFORMATION:															
HANDLING UNIT		PACKAGE		WEIGHT		H.M. (x)	L	W	H	COMMODITY DESCRIPTION				LTL ONLY	
QTY	TYPE	QTY	TYPE							Commodities requiring special, additional care, attention in handling, or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360				NMFC#	CLASS
2	Pallet	1	MISC	752.00 Lb			48	40	50	WATER,					77.5
2		1		752.00						GRAND TOTAL					
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 _____.										COD Amount: \$ _____ Fee Terms: Collect: _____ Prepaid: _____ Customer check acceptable: _____					
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).															
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.										The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.					
SHIPPER SIGNATURE / DATE 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 DOT.						CONSIGNEE SIGNATURE  PRINT NAME  DATE:  CHECK #:				CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.					
Signature/Date										Signature/Date					