

BILL OF LADING					BOL Number: 58916249				
SHIP FROM					Carrier: Estes Express				
Name: Source Logistics LLC					Pro #:				
Address: 15849 N Columbia Blvd,Ste 100,					BAR CODE SPACE				
City/State/Zip: PORTLAND, OR, 97203					Pick up date: 7/11/2024				
Request Appointment P: 5039064101 Ext.					Trailer #: Seal #:				
Stop Notes:									
SHIP TO					REFERENCE INFORMATION				
Name: W4U Inc/AquaGulf					Reference Name		Value		
Address: 9400 BUSCH DR N					Carrier Pickup Number		101715139		
					PO#		PO#240522-1144-22041		
City/State/Zip: JACKSONVILLE, FL, 32218									
Grovara P: 3055825643 Ext.									
Stop Notes:									
THIRD PARTY FREIGHT CHARGES BILL TO									
Echo Global Logistics 600 W Chicago Ave., Suite 725 Chicago, IL 60654									
Freight Charge Terms:									
Prepaid <input checked="" type="checkbox"/>					Carrier Acct #:				
Collect <input type="checkbox"/>					Quote ID:				
3rd Party <input checked="" type="checkbox"/>									
Special Instructions:					Shipper Instructions				
Questions Call Olivia @ Echo 615.301.6909 Guaranteed Delivery by 5PM 7/18/2024					Pickup #: PO#240522-1144				
ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.					Loc Type: Business				
LTL or Partial Only:					Special Services:				
# of Pallets: 1 Pallet Type: Skid Spots: 0 Stackable: No					Consignee Instructions				
Pallet Dimensions: L: W: H:					Delivery # PO#240522-114				
					Loc Type: Business				
					Special Services:				
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	HM (X)	OD (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care</small>	LTL Only	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
1	Pallets	0		1500 lb			Dry Foodstuff	073260-10	65
1		0		1500 lb			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: <input type="checkbox"/> Prepaid: <input type="checkbox"/>		
							Customer check acceptable: <input type="checkbox"/>		
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 contacts 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. (Section 7)			
						Shipper Signature			
SHIPPER SIGNATURE / DATE				Trailer Loaded:		Freight Counted:		CARRIER SIGNATURE / PICKUP 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. Shipper: _____ Date: _____				<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper		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 guidebok or equivalent documentation in the vehicle. Carrier: _____ Date: _____	
				<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain			
						<input type="checkbox"/> By Driver/Pieces			