



<b>SHIP FROM:</b>				<b>Name:</b> Snax-Sational c/o First Logistics Management Services <b>Address:</b> Cookie & Candy Pop 7435 Santa Fe Dr <b>City/State/Zip:</b> Hodgkins, IL 60525 <b>Hours:</b> OpenClose 14:00 To 14:00 <b>Contact:</b> Christina Leon				<b>Load#:</b> T240604-00258 <span style="float: right;"><b>Date:</b> 06-07-2024</span> <b>BOL#:</b> T00631362 <span style="float: right;"><b>Client Tracking#:</b></span> <b>Accessorial Required:</b> Appointment <b>SPECIAL INSTRUCTIONS:</b> Pickup Appointment 1400 240531-1848-4171 / SO-0023682-SN						
<b>SHIP TO:</b>				* PLACE PRO LABEL HERE *										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				<b>REQUESTED SERVICE:</b>										
<b>Name:</b> Traffix - Corporate HQ <b>Address:</b> 1-375 Wheelabrator Way <b>City/State/Zip:</b> Milton, ON L9T3C1 <b>Freight Charge Terms:(freight charges prepaid unless marked)</b> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>				<b>SCAC:</b> RDFS <b>NAME:</b> ROADRUNNER FREIGHT <b>Trailer Number:</b> <b>Pro Number:</b>										
<b>CUSTOMER ORDER INFORMATION:</b>														
CUSTOMER ORDER NUMBER			# PKGS		WEIGHT		PALLET SLIP YES or NO		ADDITIONAL SHIPPER INFO					
1465971			2		900.00				Quoteld#: 9311340; PO#: 240531-1848-4171;					
<b>GRAND TOTAL</b>			2		900.00									
<b>CARRIER INFORMATION:</b>														
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	900.00 Lb			48	40	98	FOOD,				110
2		1		900.00						<b>GRAND TOTAL</b>				
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 _____.								<b>COD Amount: \$</b> _____ <b>Fee Terms:</b> Collect: _____ Prepaid: _____ Customer check acceptable: _____						
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</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.				
<b>SHIPPER SIGNATURE / DATE</b> 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.  _____ <b>Signature/Date</b>					<b>CONSIGNEE SIGNATURE</b>  <b>PRINT NAME</b>  <b>DATE:</b> <b>CHECK #:</b>					<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  _____ <b>Signature/Date</b>				