

BILL OF LADING					BOL Number: 59277055				
SHIP FROM					Carrier: Estes Express				
Name: Cargo Logistics					Pro #:				
Address: 1409 DEBORAH HERMAN RD SW,,					BAR CODE SPACE				
City/State/Zip: CONOVER, NC, 28613					Pick up date: 8/9/2024				
Charlie P: (828) 469-2450 Ext.					Trailer #: Seal #:				
Stop Notes:									
SHIP TO					REFERENCE INFORMATION				
Name: Jacach SA Panama c/o Sola Transport					Reference Name		Value		
Address: 10201 NW 112th Ave Suite#1					Carrier Pickup Number		102530465		
City/State/Zip: MIAMI, FL, 33178									
Sola Transport P: (305) 592-1616 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		Consignee Instructions		
					Pickup #: 240718-1112-2011		Delivery #: 240718-1112-20		
					Loc Type: Business		Loc Type: Business		
					Special Services:		Special Services:		
ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.									
LTL or Partial Only:									
# of Pallets: 1 Pallet Type: Skid Spots: 1 Stackable: No									
Pallet Dimensions: L: W: H:									
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</small>	LTL Only	
QTY	TYPE	QTY	TYPE					NMFC#	CLASS
1	Pallets	0		1200 lb			Dry food stuff , Length: 48, Width: 40, Height: 50	-00	70
1		0		1200 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.				<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 guidebook or equivalent documentation in the vehicle.	
				<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/pallets said to contain			
				<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver/Pieces			
Shipper: _____ Date: _____						Carrier: _____ Date: _____			