


Date: 8/23/2024

BILL OF LADING/DELIVERY
ORDER-SHORT FORM-NOT
NEGOTIABLE



Page: _____

SHIP FROM		Shipper Reference Number: SO-0024601-SN Bill of Lading Number: 120092016 Purchase Order Number: 240814-1021-4171 Load Release Number: Pick Up On Behalf Of: Dtdc Express Inc - NY	
Snax-Sational c/o First Logistics Management Services 7435 Santa Fe Dr Hodgkins, IL 60525 Eunice Castillo-Arroyo - (708) 597-8700			
SHIP TO		No Accessorial Charges Approved Without Prior Written Consent From Shipco.	
Y International USA 1170 Valley Brook Ave LYNDHURST, NJ 07071 Nisam - (201) 777-7200			
THIRD PARTY FREIGHT CHARGES BILL TO		Carrier Name: PITT OHIO - Normal Pro number: - Click here to track shipment.	
Shipco Transport 80 Washington St. Hoboken, NJ, 07030			
SPECIAL INSTRUCTIONS: ORIGIN INSTRUCTIONS: Please pickup the cargo by tomorrow 8/23. Sales order: SO-0024601-SN PO : 240814-1021-4171 ORIGIN ACCESSORIALS: None DESTINATION INSTRUCTIONS: DESTINATION ACCESSORIALS: None Service Level: Normal		Freight charge terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input checked="" type="checkbox"/> Collect: <input type="checkbox"/> 3rd party: <input checked="" type="checkbox"/>	
		Emergency Contact #:	

CUSTOMER ORDER INFORMATION				
CUSTOMER PO NUMBER		#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO
240814-1021-4171		2	900 lbs	PALLET / SLIP (CIRCLE ONE)

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS#
2	Pallet	2	PCS	900 lbs		CANDY POP 48 x 40 x 98 inches		200
2		2		900 lbs				

SHIPPER ACKNOWLEDGES AND AGREES THAT SHIPCO'S LIABILITY, IF ANY, IS CAPPED AS SET FORTH IN THE CONDITIONS OF CONTRACT. If Shipper has questions regarding the limit of liability, or wishes to increase the amount of this liability, it may contact Shipco at (908) 345-2700. Shipper agrees that a request for additional liability will be subject to additional fees.:
"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,by Carrier the property described above, in good order, except as noted. Carrier's service is subject to the rates and contracts agreed upon in writing between Carrier and Shipco and is not subject to any tariffs or classifications maintained by the Carrier. By tendering or accepting cargo, the consignor and consignee each acknowledges and agrees on their own behalf and on behalf of the owner of the cargo identified herein, that Shipco is operating as a property broker, and not a motor carrier, and Shipco's arrangement of transportation identified herein is solely governed by and subject to the Shipco Conditions of Contract which, for purposes of this bill of lading shall mean either: (1) if Shipco has issued a house airwaybill or an ocean bill of lading showing Shipco as the carrier and covering the origin or destination points noted herein, then the terms and conditions of such air waybill or ocean bill of lading; (2) in all other instances Shipco shall be deemed to be operating solely as a property broker and its services will be subject to the Shipco Inland Transport Terms and Conditions available at www.shipco.com, as updated and amended from time to time.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div>Signature _____ Shipper</div>
SHIPPER SIGNATURE / 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 regulation of the Department of Transportation.	Trailer loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/pieces 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 Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.

*** Special Instructions for Customer/Shipper ***

To ensure the trucking invoice is rated as quoted, please ensure the shipper's IBOL (Inland Bill Of Lading) is consigned as above - failure to do so may result in higher charges and or documentation fees. Quotes are based on information supplied at time of booking. If the actual weight - cube is found to be higher then what is shown here this can also result in higher charges based off of the weight and inspections by the inland carrier(s) and or receiving warehouses. Over length and or oversized freight, hazardous materials, lift gate, and other accessorial charges are subject to additional surcharges.