

BILL OF LADING					BOL Number: 60214389				
SHIP FROM					Carrier: Petar the Great INC				
Name: TRUE CITRUS					Pro #:				
Address: 11501 Pocomoke Ct,Ste D,					BAR CODE SPACE				
City/State/Zip: MIDDLE RIVER, MD, 21220					Pick up date: 10/23/2024				
Ann Roth P: 443-772-2421 Ext.					Trailer #: Seal #:				
Stop Notes:									
SHIP TO					REFERENCE INFORMATION				
Name: WEBTRANS									
Address: 14519 156TH ST									
City/State/Zip: JAMAICA, NY, 11434									
JOSH KIM P: 718-341-0066 Ext.									
Stop Notes:									
THIRD PARTY FREIGHT CHARGES BILL TO									
Echo Global Logistics 600 W. Chicago, Suite 725 Chicago, IL 60654 UNITED STATES									
Freight Charge Terms:			Carrier Acct #:		SHIPPER INSTRUCTIONS			CONSIGNEE INSTRUCTIONS	
Prepaid <input checked="" type="checkbox"/>			Quote ID:						
Collect <input type="checkbox"/>									
3rd Party <input checked="" type="checkbox"/>									
Special Instructions: PICKUP REF: PO 240925-1110-10861					Pickup #: PO 240925-1110			Delivery #	
					Loc Type: Business			Loc Type: Business	
ECHO is not liable for any accessorial charges unless pre-approved by Echo or noted on this bill of lading.					Special Services:			Special Services:	
LTL or Partial Only:									
# of Pallets: 12 Pallet Type: Skid Spots: 12 Stackable: No									
Pallet Dimensions: L: W: H: inches									
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
12	Pallets	0		7920 lb			PARTS	-	60
12		0		7920 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 guidebook 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			