

Ship From: C/O TRUE CITRUS 11501 POCOMOKE. COURT, SUITE D MIDDLE RIVER, MD 21220				Bill of Lading No: 993276658			
SID#: <input type="checkbox"/> FOB				Barcode Space			
Ship To: Location No: C/O BRANDFORCE INTERNATIONAL 10416 W SR 84, UNIT 5, DAVIE, FL 33324				Carrier Name: Springlake Trailer No: Seal Number(s):			
CID#: <input type="checkbox"/> FOB				SCAC: SPRG Pro No: Barcode Space			
Third Party Freight Charges - Bill To:				Freight Charge Terms (prepaid unless marked otherwise) <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs			
Special Instructions: PU# 250210-1554-30481 - PO 1272501							
Customer Order Information							
Customer Order No.		# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info		
250210-1554-30481		756	1511.99	3 PL			
Totals		756	1511.99				
Carrier Information							
Handling Unit		Package		Commodity Description		LTL Only	
QTY	TYPE	QTY	TYPE	Weight	H.M. (X)	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 MNMFC Item 360	NMFC No. Class
3	PL	756	CS	1511.99	LBS	WATER ENHANCER	
3		756		1511.99		Totals	
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 _____ FOB _____."						COD Amt. \$ _____	
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).						Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer Check Acceptable	
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.	
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.						Shipper Signature _____	
Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver						Freight Counted <input checked="" type="checkbox"/> By Shipper <input checked="" type="checkbox"/> By Driver/pallets said to contain <input checked="" type="checkbox"/> By Driver/Pieces	
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.							
Shipper Signature _____ Date _____						Carrier Signature _____ Pickup Date _____	