

		Phone : 864-392-9105		BOL NO: CRB19702287		
		Email : unisupport@unishippers.com		Carrier: (UPGF) TFORCE FREIGHT		
Page 1 of 1		BILL OF LADING		Ship Date: 2025-08-14		
Ship From				PRO NO:		
Grovara - Honey Stinger 3901 S Brandon Rd ELWOOD, IL 60421 United States Rob McKenna, P: 9703674290 honeystinger.joliet@unisco.com				Origin Terminal		
				175 KENDALL POINT DR OSWEGO, IL 60543 United States 630-851-9525		
				Destination Terminal		
				5370 NW 74TH AVE MIAMI, FL 33166 United States 305-477-4361		
Ship To		Broker Address		Reference Numbers		
NNR GLOBAL LOGISTICS USA INC. / BHBH CR 3741 W 112th Place Suite 1 HIALEAH, FL 33018 United States Receiving, P: 3055990804						
Freight Charges Bill To						
Carrier Payment Processing PO Box 192629 Dallas, TX 75219 US , P: 2147202400		Customer Number: U002666810				
Special Instructions: Do Not Stack Some Items - See Descriptions Handling Special Instructions: CR, BHBH CR / Honey Stinger 250807-1214-21111					Freight Terms  Prepaid: Collect: 3rd Party: X	
Qty	Type	HM	Item Description	Weight (lbs)	NMFC	Class
1	Pallet		Snacks-Density 15.04, Dimensions: 48 x 40 x 35 in ** DO NOT STACK ** 50 CARTON	585		70
1			Gross Weight	585		

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 _____.			
Remit COD to:			
Collect_____ Prepaid_____ Customer check acceptable_____ COD Amount: \$			
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (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.	Trailer Loaded:  ____ by Shipper ____ by Driver	Freight Counted:  ____ by Shipper ____ by Driver	The carrier shall not make delivery of this shipment without payment of and all other lawful charges.  Shipper: _____
Shipper Signature/Date:		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.		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 vehicle. Property described above is received in good order, except as noted.	
Shipper: _____		Carrier: _____	