

Date: 03/11/2020		BILL OF LADING						
SHIP FROM		Bill of Lading Number : <u>132535915</u>						
Name: AMERICAN FOOD EXPORT SERVICES, INC. Address: 1100 MILIK STREET, SUITE #A RECEIVING HRS TU,TH FR 7-2:30 PM City/State/Zip: CARTERET,NJ 07008 Ph: 908-754-1300 Contact: MIKE BENITIZ		Carrier Name: <u>NEW PENN MOTOR EXPRESS</u> SCAC: NPME Pro number:						
FOB: <input type="checkbox"/>								
SHIP TO								
Name: CMS Transportation Inc. Address: 1420 Delmar Drive For: Seacoast Logistics City/State/Zip: FOLCROFT,PA 19032 Ph: 610-586-4304 Contact: Marie / air export		Location#						
FOB: <input type="checkbox"/>								
FREIGHT CHARGES BILL TO								
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading						
		WWE Number: W210997714						
SPECIAL INSTRUCTIONS: For assistance, please call 833-2WE-SHIP								
Handling Instructions: Call 603-373-0055 for immediate assistance for any pick-up or delivery issues.								
Pickup Instructions:								
Delivery Instructions:								
REFERENCE NUMBER INFORMATION								
REFERENCE	# PKGS	REFERENCE	# PKGS	Total # of Pkgs 1				
RN:GROVARA LLC PO: 103605 WHOLESOME AL RIHAM KUWAIT	1							
		RN:SEACOAST LOGISTICS						
BN:EGYPT AIR 077-99999999								
CARRIER INFORMATION								
HANDLING UNITS		PIECES		WEIGHT	H.M. X	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing must be so marked and packaged to ensure safe transportation with ordinary care. See section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
1	PLT	1	PLT	2020		ORGANIC SUGAR PACKED IN BAGS, 48(L) x 40(W) x 60(H) DO NOT STACK	74900	55
1		1		2020		Grand Total		
Where the rate is dependent on value , shippers are required to state specifically in writing the agreed or declared value of property as follows: The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____						COD Amount: \$	Acceptable Forms of Payment:	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B14706(c)(1)(A) and (B)						Fee Terms: 3 rd Party WWE		
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and Worldwide Express Operations, LLC. a registered motor carrier broker, pursuant to 49 USC 14101(b) and all applicable state and federal regulations.						Remit Address:	<input type="checkbox"/> Bank Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order	
SHIPPER'S SIGNATURE / DATE <small>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.</small>				Trailer Loaded:	Freight Counted:			
<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver				<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet 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 DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.			
(Signature) _____ (Date) _____				(Signature) _____ (Date) _____				