

GTZ BOL NO : 30562980

Shipper Coastal Collab CoPacking c/o Lollys
Foods, Inc. DBA Lollys Frozen Grapes
Address 1370 Decision St. Suite C
Greensboro, NC 27409
Country USA
Contact Name Howie
Phone Number (619) 997-8849
Contact Email
Fax Number

Carrier :FFE OR KOOL SHOT EXPEDITED
Shipment Date:03/13/25
Carrier Pro# :
Ref # :
Carrier Quote # :202503120845
P/O # :1009
Customer BOL NO:



Consignee Y International usa inc
Address 1170 Valley Brook Ave
Lyndhurst, NJ 07071
Country USA
Contact Name Receiving
Phone Number (201) 777-7200
Contact Email
Fax Number

Third Party Billing Information:

All charges are prepaid to:

GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (866) 275-1407
GTZ BOL NO : 30562980

Comments/Special Instructions: PO# 1009 FROZEN TEMP DRIVER PICK UP 3/13 8am-4pm & DELIVER by 3/20 7am-3:00pm DO NOT DOUBLE STACK
HANDLE WITH CARE

Pickup Remarks :**Delivery Remarks :**

Pallets	Pieces	IsHazmat	Description	Weight	FreightClass	Length	Width	Height	NMFC	Stackable
1	144		Frozen Foodstuffs	450	0	0	0	0		false

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____**Date:** _____ **Trailer#:** _____**Driver's Signature:** _____**Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Consignor's Signature: _____**Consignee Signature:** _____**Print Name:** _____**Company Name:** _____**Date:** _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR

