

Shipper	Cargo Logistics	Carrier:	TForce Freight	Shipment Date:	04/30/2025
Address:	1409 Deborah Herman Rd. CIL4-warehouse@ccsr.us Conover, NC 28613	PO # :	PO250423-1927-2011	Est. Transit Days:	2 day(s)
Country:	USA	Shipper Ref #:		Carrier PRO #:	902084083
Contact Name:	Shipper	Customer BOL NO:			
Phone No:	(999) 999-9999	Origin Terminal:	P:(828) 464-5490	Destination Terminal:	P:(305) 477-4361
Contact Email:					
Fax No:					

Consignee	Jacach c/o Sola Transport	Thrd Party Billing Information : All charges prepaid to : GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ BOL NO : 30811120
Address:	10201 NW 112TH AVENUE SUITE #1 Miami, FL 33178	
Country:	USA	
Contact Name:	Receiver	
Phone No:	(305) 592-1616	
Contact Email:		
Fax No:		

Comments/Special Instructions: Delivery Appointment Required

Pickup Remarks:PU: PO#250423-1927-2011

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	1	0		Dry Food	1456 lbs	65	40 In	48 In	57 In	73260-10
Total:					1456 lbs					

Any problems with delivery, please contact GlobalTranz at (866)275-1407

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.

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