

UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE

All services are subject to the terms and conditions of the FXF 100 Series Rules Tariff. See fedex.com for details--- QUESTIONS? CALL 1.866.393.4585



770123510380



Date 11/21/2024

Purchase Order # E24023- addl #'s below

Shipper # QuoteID: 1549706797

Shipper #

REQUIRED: Please select a service type

OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply).

 FedEx Freight® Priority
 FedEx Freight® Economy

 A.M. Delivery Close of Business Delivery

SHIPPER (from) Please provide ZIP codes and phone numbers.

CONSIGNEE (to)

Shipper Veratx, Inc c/o Shawmut Park Ave LL

FXF Acct. #

Consignee

Gemini Brothers Inc

FXF Acct. #

Attn. to Amy Watford

Area Code Phone Number
(336) 263-5729

Attn. to Lisa Hale

Area Code Phone Number
(772) 233-5435

Address 1808 Cadiz Street

Address 3950 Executive Way ATTN: Exports/Pr

Address (Store, Dept., Ste., Flr., Apt., Div.)

Address (Store, Dept., Ste., Flr., Apt., Div.)
omptus For ENELL Production

Address

Address

City Burlington

City Miramar

State/Province NC

ZIP/Postal Code 27217

Country US

State/Province FL

ZIP/Postal Code 33025

Country US

Optional or Additional Services Fees and Charges

 Liftgate Inside Pickup Limited Access

Optional or Additional Services Fees and Charges

 Liftgate Inside Delivery Limited Access

Shipper Bill of Lading # 10277663

 Custom Delivery Window:

Special Instructions

BILL FREIGHT CHARGES TO (if different than above):

Name ENELL, INC

FXF Acct. #
XXXXX0303

Mailing Address PO Box 808

City Havre

State MT

ZIP/Postal Code 59501

Country US

Area Code 4062658250

Phone Number

Freight charges are PREPAID unless marked collect.

 USD C.O.D. CAD
 CHECK BOX IF COLLECT

AMOUNT

1. The letters "C.O.D." must appear in box before consignee's name above.

2. C.O.D. funds to be collected as: Certified Funds Company Check
 Personal Check
 3. C.O.D. fee to be paid by: Shipper Consignee

REMIT C.O.D. TO (if different than shipper above):

Name

Mailing Address

City

State

ZIP/Postal Code

Country

Country Code

Area Code

Phone Number

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 property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown herein, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, and the conditions of the FXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

HANDLING UNITS (H/U)	H/U PKG. TYPE	PIECES	HM (X)	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS. (subject to correction)	NMFC ITEM #	CLASS	CUBE (optional)
1	PLT	4		Fabric 100% Polyester Tricot	301.0 LB		070	
				DIMS: 65 X 44 X 31 IN PO #:E24023				
1	PLT	5		Fabric 100% Polyester Tricot	536.0 LB		070	
				DIMS: 65 X 44 X 31 IN PO #:E24023				
				TOTAL WEIGHT	837.0 LB			
				DO NOT STACK PALLETS				
				AM DELIVERY GUARANTEE				
				770123510390				

TOTAL H/U: 2

MARK 'X' OR 'RQ' IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

AREA CODE

HM EMERGENCY CONTACT PHONE NUMBER

CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO. PROVIDER or CONTRACT#

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS.

AREA CODE

EEI/SED Number or Exception

Phone # AREA CODE

Broker Name

Fax # AREA CODE

FOR FREIGHT COLLECT SHIPMENTS

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 may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Consignor Signature _____

SHIPPER CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper Signature _____

Date _____

CARRIER CERTIFICATION

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 document in the vehicle.

DATE	DRIVER/EMPLOYEE NUMBER	PIECE COUNT	TRAILER #