

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).	
	<input checked="" type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy		<input checked="" type="checkbox"/> A.M. Delivery <input type="checkbox"/> Close of Business Delivery	

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

Shipper Verabx, 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
Optional or Additional Services Fees and Charges	<input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access		Optional or Additional Services Fees and Charges	<input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access
Shipper Bill of Lading #	10277663			
Special Instructions				

BILL FREIGHT CHARGES TO (if different than above):

Name	ENELL, INC.	FXF Acct. #	XXXXXX0303	Mailing Address	PO Box 808
City	Havre	State	MT	ZIP/Postal Code	59501
Freight charges are PREPAID unless marked collect.		C.O.D.		1. The letters "C.O.D." must appear in box before consignee's name above.	
CHECK BOX IF COLLECT <input type="checkbox"/>		<input type="checkbox"/> USD <input type="checkbox"/> CAD		2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check	
REMIT C.O.D. TO (if different than shipper above):		AMOUNT		3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee	

Name	Mailing Address				
City	State	ZIP/Postal Code	Country	Country Code	Area Code/Phone Number
<small>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 package unknown) matter, 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.</small>					

HANDLING UNITS (H/U)	H/PKG.	PIECES	KIND OF PACKAGE	DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS.	NMFC ITEM #	CLASS	CUBE
				(subject to correction)				
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.**

HM EMERGENCY CONTACT PHONE NUMBER

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

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

EEI/SED Number or Exception _____ AREA CODE _____

Broker Name _____ AREA CODE _____

Phone # _____

Fax # _____

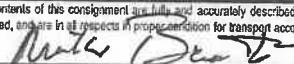
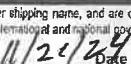
FOR FREIGHT COLLECT SHIPMENTS

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 the 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 #
11/21/24	STW/099	201	X918

FedEx Freight

CO2/E/118-FXF