

Date: 07/14/2023		BILL OF LADING						
SHIP FROM					Bill of Lading Number : <u>200692291</u>			
Name: A/C Veratex, Inc. Address: Shawmut Corporation 1808 Cadiz St. Trucking Entrance City/State/Zip: BURLINGTON, NC 27217 Ph: 9787259527 Contact: Claude Simon					Carrier Name: <u>TFORCE FREIGHT</u>			
FOB: <input type="checkbox"/>					SCAC: UPGF Pro number:			
SHIP TO					Freight Charge Terms: (freight charges are prepaid by Worldwide Express unless indicated otherwise)			
Name: Flame Laminating Corp Address: 2350 Turnpike Street Bldg B City/State/Zip: NORTH ANDOVER, MA 01845 Ph: (978) 725-9527 Contact: Sandra Leavitt								
FOB: <input type="checkbox"/>					<input type="checkbox"/> Master Bill of Lading: with attached underlying Bill Of Lading			
FREIGHT CHARGES BILL TO								
Name: Worldwide Express Address: 2323 Victory Avenue Ste 1600 City/State/Zip: Dallas, TX 75219					WWE Number: W411298867			
SPECIAL INSTRUCTIONS: For assistance, please Email bostonfreight@wwex.com								
Handling Instructions: Do Not Stack. Do Not Break Down Pallet. Pickup Instructions: 8AM- 5PM Delivery Instructions: 7:00AM - 3:00PM M-F								
REFERENCE NUMBER INFORMATION								
REFERENCE		# PKGS	REFERENCE		# PKGS			
					Total # of Pkgs			
CARRIER INFORMATION								
HANDLING UNITS		PIECES		WEIGHT LBS 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	270	Fabric or Cloth, NOI, 65(L) x 44(W) x 26(H) DO NOT STACK		49265s5	125
1		1		270	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: \$ Fee Terms: 3 rd Party WWE Remit Address:		Acceptable Forms of Payment: <input type="checkbox"/> Bank Certified Check <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <input type="checkbox"/> Money Order	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)					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. <div style="display: flex; justify-content: space-between;"> (Signature) _____ (Date) _____ </div>			
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.								
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> _____ (Signature) (Date)		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallet said to contain <input type="checkbox"/> By Driver/Pieces				