

**Shipper** A/C Veratex, Inc/Cherryville Plant  
**Address:** 600 West Academy Street  
Cherryville, NC 28021  
**Country:** USA  
**Contact Name:** Shipping  
**Phone No:** (704) 435-5465  
**Contact Email:**  
**Fax No:**

**Carrier:** AAA Cooper  
**PO # :**  
**Shipper Ref #:**  
**Customer BOL NO:**  
**Origin Terminal:** P:(704) 597-1052

**Shipment Date:** 08/21/2023  
**Est. Transit Days:** 1 day(s)  
**Carrier PRO #:**

**Destination Terminal:**  
P:(704) 597-1052

**Consignee** Kem-Wove Inc  
**Address:** 10530 Westlake Drive  
Charlotte, NC 28273  
**Country:** USA  
**Contact Name:** Kendra  
**Phone No:** (704) 588-0080  
**Contact Email:**  
**Fax No:**

**Third Party Billing Information :**

**All charges prepaid to :**  
**GlobalTranz**  
**PO Box 6348**  
**Scottsdale AZ 85261**  
**Direct billing inquiries to :** (866) 275-1407  
**GTZ BOL NO : 27479535**

**Comments/Special Instructions:**

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	1	7		Rolls of cloth	340 lbs	175	63 In	40 In	41 In	49260-4
Total:					340 lbs					

Any problems with delivery, please contact Glenda Pruitt at gpruitt@globaltranz.com or (706) 581-5510.

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](http://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:** AGS / SK SLL

**Date:** 8/21/23 **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



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