

GLOBALTRANZ

Straight Bill of Lading - Short Form - Original - Not Negotiable

Phone : (866) 275-1407

GTZ BOL NO : 27681251

Fax : (623) 209-0093

Shipper Veratex, Inc- Shawmut
Address: 1808 Cadiz Street (Truck Entrance)
 Burlington, NC 27215
Country: USA
Contact Name: Shipping
Phone No: (336) 263-5729
Contact Email:
Fax No:

Carrier: Ward Trucking
PO #:
Shipper Ref #:
Customer BOL NO:
Origin Terminal: P:(919) 596-7800
Destination Terminal: P:(000) 000-0000
Shipment Date: 09/20/2023
Est. Transit Days: 2 day(s)
Carrier PRO #:

Consignee Cutting Edge Textstyles
Address: 706 South 21st Street
 Monday thru Thursday
 Irvington, NJ 07111
Country: USA
Contact Name: Steve
Phone No: (973) 982-6419
Contact Email:
Fax No:
Opening Hours: 7:30 **Closing Hours:** 4:30 PM
 AM

Third Party Billing Information :

All charges prepaid to :
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (928) 583-7254
GTZ BOL NO : 27681251

Comments/Special Instructions:

Delivery Remarks: Closed on Fridays

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(non-standard)	1	1		Fabric 6 less 8	311 lbs	125	65 In	44 In	27 In	49265-05
Total:	1	1			311 lbs					

Any problems with delivery, please contact GlobalTranz at westcoast3@globaltranz.com or (928) 583-7254.

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: 9-20-23

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: Skelton

Company Name: Ward

Date: 9/20/23

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR

