



Bill to:
Frontline Logistics Inc
,
,
,

Invoice Date: 05/21/2024
Invoice #: C189899
Terms: NET 30
Due Date: 06/21/2024

Date	Customer Ref #	Origin - Destination	Quantity	Rate	Amount
05/20/2024		21 WHITE PINE RD, HERMON, ME 04401 - 537 SOUTH 9TH ST, NORTH WALES, PA 19454			
			1	\$1,700.00	\$1,700.00

TOTAL
\$1,700.00

PLEASE NOTE

The right to payment under this invoice has been assigned to Compass payment Solutions LLC (CFS) and all payments hereunder are to be directed to the assignee at the address noted below. Remittances to other than CFS do not constitute payment of this invoice. CFS must be given notification of any claims, agreements or merchandise returns which would affect the payment of all or part of this Invoice on the due date.

COMPASS FUNDING SOLUTIONS LLC
P.O.BOX 205154
DALLAS, TX 75320-5154
Tel: 844-899-8092



FRONTLINE LOGISTICS, INC.

P.O. BOX 756
SOUTH LYON, MI 48178
Phone: 1 (734) 449-9474 Toll Free # 1 (800) 245-6632
Fax: 1 (734) 449-9596 E-Mail: operations@frontlinelogistics.com

CARRIER CONFIRMATION

#C189899

as of May 17, 2024 at 15:30:59

FAX #:

CARRIER : BRZ
ADDRESS : 8225 LECLAIRE AVE

TOTAL : \$1700.00 US
AGREED AMT : \$1700.00 US

CITY : BURBANK, IL **ZIP/POST:** 60459
CONTACT : SEAN **Phn** : 1 (708) 852-5536
: **FAX #** :

WITH: SEAN **BY:** GREG
DATE: May 17, 2024 **02:27 pm**

DISTANCE : 559 Mi

SHIPPER : P.A.T. PRODUCTS - HERMON
ADDRESS : 21 WHITE PINE RD

ETA DATE: May 20, 2024 09:00 am

ACT DATE:

Special Info:

BOL# 2101843

CITY : HERMON, ME **ZIP/POST:** 04401
CONTACT : LOGAN YORK **Phn:** 1 (207) 942-6348
FAX :
OP. HOURS : 09:00 am - 04:00 pm

LOAD INFO:

<u>No.</u>	<u>Pieces</u>	<u>Type</u>	<u>LBS</u>	<u>KGS</u>	<u>Description</u>	<u>B/L #</u>	<u>Feet</u>
1	22	275 GALLON TOT	3520	1597	EMPTY TOTES	2101843	53
Totals:	22		3520	1597			53

SHIPPER : LARSON TOOL - ATTLEBORO
ADDRESS : C/O DUBOIS RETURN CONTAINERS
90 OLIVE STREET

ETA DATE: May 21, 2024 03:00 pm

ACT DATE:

Special Info:

BOL# 2102118

CITY : ATTLEBORO, MA **ZIP/POST:** 02703
CONTACT : MISTI ARMSTRONG **Phn:** 1 (508) 222-0897
FAX :
OP. HOURS : 07:00 am - 04:00 pm

LOAD INFO:

<u>No.</u>	<u>Pieces</u>	<u>Type</u>	<u>LBS</u>	<u>KGS</u>	<u>Description</u>	<u>B/L #</u>
2	9	330 GALLON TOT	1440	653	EMPTY TOTES	2102118
Totals:	9		1440	653		

CARRIER CONFIRMATION

#C189899

CONSIGNEE : MAUSER PACKAGING SOLUTIONS - NORTH WALES
ADDRESS : 1400 WELSH ROAD

ETA DATE: May 22, 2024 08:00 am

ACT DATE:

Special Info:

**** APPOINTMENT REQUIRED ****

CITY : NORTH WALES, PA **ZIP/POST:** 19454
CONTACT : BRAD TRANSUE **Phn:** 1 (267) 691-0863
FAX : 1 (215) 529-1899 **APPT. #:** 0800
OP. HOURS : 07:00 am - 12:00 pm

LOAD INFO:

<u>No.</u>	<u>Pieces</u>	<u>Type</u>	<u>LBS</u>	<u>KGS</u>	<u>Description</u>	<u>B/L #</u>	<u>Feet</u>
1	22	275 GALLON TOT	3520	1597	EMPTY TOTES	2101843	53
2	9	330 GALLON TOT	1440	653	EMPTY TOTES	2102118	
Totals:	31		4960	2250			

SPECIAL EQUIPMENT: 53' VAN SWING DOORS

INSTRUCTIONS:

277+282

Send Invoice To:

FRONTLINE LOGISTICS INC.

P.O. BOX 756

SOUTH LYON, MI 48178

EMAIL INVOICES TO: mcalvin@frontlinelogistics.com

PLEASE SIGN BELOW AND EMAIL TO: dispatch@frontlinelogistics.com

>SETTLEMENT PAYMENTS WILL NOT BE PROCESSED WITHOUT A SIGNED & DATED LOAD CONF.<

AFTER HRS. PH#: 248.978.9725

**** Drivers must call 1-800-245-6632 for Dispatch ****

***** Frontline must be notified 1 hour in advance for approval of any loading/unloading charges *****

Driver Name: MIGUEL Truck#: 823 Trailer#: W94937 Cell#: 773-717-6315

Frontline Service Agreement Addendum

PLEASE REVIEW, SIGN AND DATE ACCEPTANCE

Rate Confirmation	This Carrier Rate Confirmation must be signed and returned to Frontline Logistics, Inc. Frontline agrees to pay only this rate and charges shown on this carrier confirmation and no other tariff rates or schedules shall apply.
Dispatch/ Unforeseen Circumstances	Driver or Dispatcher must update FLI with load status (Tracking). Do not call our Customer directly! Frontline must be notified ASAP of any delays prior to APPT. times or ETA's on our Load Confirmation.
Accessorial Charges	Must be pre-approved and billed with invoice, receipt and POD. All in/out times and accessorial charges must be communicated to Frontline at final check call. All receipts must be submitted within 24 hours from the last drop.
Detention	All claims of detention must be noted on the BOL and signed by the shipper/consignee. BOL must include clear in/out times and driver must be on time for scheduled appointments. If any of these requirements are not met, detention will not be paid. If the customer refuses to document in/out times, advise Frontline Logistics immediately so we can make note on our end.
Payment	Payment requires invoice, signed & dated BOL/POD, signed load confirmation & any applicable scale tickets. WE PAY NET 30 BY CHECK! BOL/POD's must be clear, signed & include ALL pages.
Driver Assist/ Lumper	Driver assist will only be paid if preapproved by Frontline prior to driver assist. If the shipper/ consignee asks the driver to help load/unload, call Frontline immediately prior to assisting. Frontline will pay for pre-approved onsite lumper services provided by our customer; lumper receipt must be submitted with invoice.
Do NOT Double Broker/ Co-Broker	Do not double broker any shipment of Frontline Logistics, Inc. Per the broker-carrier agreement, carrier warrants that service is provided on equipment that you (carrier) own or operate. If it is brought to our attention that you double brokered or co-brokered our shipment, we reserve the right to pay directly the carrier that carried the load. In addition, you as the carrier remain fully liable for all liability set forth in our broker-carrier agreement and must provide Owner-Operator leasing arrangements to counter double broker allegations.
OSD	Any overages, shortages or damages must be reported to Frontline Logistics, Inc. prior to leaving the shipper or receiver. If overweight, certified scale ticket must be provided prior to product cut. Carrier agrees to accept financial responsibility if your cargo insurance coverage has exclusions for this loads commodity.
No Consolidation of Loads	Consolidating this load with other freight without prior, written approval from Frontline Logistics, Inc. will result in rate reduction and potential full cargo claim.
TONU	Truck Order Not Used will not be paid without prior approval from Frontline Logistics at the time of cancellation.

Sign and send back to dispatch@frontlinelogistics.com or fax to 734-449-9596

I have read, understand and agree to all terms above in this addendum. If there is a conflict between any statements between Frontline Logistics, Inc. and carrier regarding the rate and the charges set forth herein, this carrier confirmation shall govern. Payments will not be made to carrier unless signed rate confirmation is submitted with invoice.

CARRIER SIGNATURE: _____ DATE: _____

SEND ALL INVOICES AND PAPERWORK TO MCALVIN@FRONTLINELOGISTICS.COM UPON DELIVERY

CARRIER CONFIRMATION #C189899

Purchase Order No.
 Shipper's No.
 Shipment Create Date 04/29/2024
 Early Pickup Date 04/29/2024
 Customer Code NORTHWALES
 Vendor ID Ship To ID PATP01 - EISHERMAN

BILL OF LADING

Page 1 of 1

Non-Negotiable

B/L No. C001148425P0001
 Order Number 2101843
 Trailer Number
 Filler P.A.T. PRODUCTS
 Dock Hours 9AM-4PM

RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, 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 below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Shipper P.A.T. PRODUCTS 21 WHITE PINE RD HERMON, ME 04401 LOGAN YORK 207-942-6348 LOGAN@PATPRODUCTS.COM	Consignee MPS NORTH WALES PA 1400 WELSH ROAD NORTH WALES, PA 19454 BRADLEY.TRANSUE@MAUSERPACKAGING.COM 2155291898
Bill To ICS C/O WILLIAMS & ASSOCIATES, INC 405 EAST 78TH STREET BLOOMINGTON, MN 55420	(Put Pro Label Here)

Special Instructions

Handling Units	Pieces	H M	Description of Articles, Packages, Markings, Exceptions	NMFC #	Class	Weight (lbs)	Freight Charges
275 COMPOSITE IBC	22		Product code: 38397 NON-HAZARDOUS PRODUCT Product name: ERT	41024-2	200	3520.000	PrePaid <small>Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse on the consignee, the originator shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all lawful charges.</small> P.A.T. PRODUCTS C.O.D. AMOUNT \$ Remit C.O.D. AMOUNT TO: CARRIERS C.O.D. FEE PAID BY: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee FORM OF PAYMENT <input type="checkbox"/> Company Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Other
	22					3520	

All drivers are required to have PPE (Personal Protective Equipment) on hand.
 Required PPE – Eye ware / Steel Toe Boots / Gloves / Hearing / Mask

Carrier's liability is for actual loss unless otherwise agreed in Appendix B to Common Carrier Rate Agreement, contract, or stated below. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per pound.	Accepted in good order and condition, unless otherwise stated herein, PIECES Exceptions:
per _____ Shipper	
per _____ (shipper or Shipper's Agent Signature)	FRONTLINE LTL (FFFL)
Time & Date tendered _____ AM/PM	per _____ (Driver's Signature)
PERMANENT ADDRESS:	Time & Date tendered _____ AM / PM

Shipper Certification 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. Date 5/20/24	Carrier Certification Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent document in the vehicle. Per _____ Package Nos _____ Date _____
---	--

I hereby certify that these containers are "Empty" as required in the California's Title 26, Div 22 Section 66261.7 and 40 CFR 261.7 hazardous material regulations, and that they have been properly classified, described, packaged, marked and labeled, and prepared for transportation under the regulations of the U.S. Department of Transportation 49 CFR 173.29 and 49 CFR 172.204.

Per _____ Date 5/20/24

RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, 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 below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Dock Hours
9AM-4PM

Shipper
P.A.T. PRODUCTS
21 WHITE PINE RD
HERMON, ME 04401
LOGAN YORK 207-942-6348
LOGAN@PATPRODUCTS.COM
Bill To
ICS C/O WILLIAMS & ASSOCIATES, INC
405 EAST 78TH STREET
BLOOMINGTON, MN 55420

Consignee
MPS NORTH WALES PA
1400 WELSH ROAD
NORTH WALES, PA 19454
BRADLEY.TRANSUE@MAUSERPACKAGING.COM 2155291898

BILL OF LADING

Page 1 of 1

Purchase Order No.
Shipper's No.
Shipment Create
Date 04/30/2024
Early Pickup Date 04/30/2024
Customer Code NORTHWALES
Vendor ID Ship To
ID LARS06 - EISATTLEBO

Non-Negotiable

B/L No. C001149577P0001
Order Number 2102118
Trailer Number
Filler LARSON TOOL & STAMPING CO.
Dock Hours 7AM-5:30PM - SELF SERVE DOCK

RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, 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 below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Shipper
LARSON TOOL & STAMPING CO.
90 OLIVE ST.
ATTLEBORO, MA 02703
MISTI ARMSTRONG X18 / SHAWN REGO X43 508-222-0897
MARMSTRONG@LARSONTOOL.COM;
SREGO@LARSONTOOL.COM; ALARSON@LARSONTOOL.COM
Bill To
ICS C/O WILLIAMS & ASSOCIATES, INC
405 EAST 78TH STREET
BLOOMINGTON, MN 55420

Consignee
MPS NORTH WALES PA
1400 WELSH ROAD
NORTH WALES, PA 19454
BRADLEY.TRANSUE@MAUSERPACKAGING.COM 2155291898

(Put Pro Label Here)

Special Instructions

Handling Units	Pieces	H M	Description of Articles, Packages, Markings, Exceptions	NMFC #	Class	Weight (lbs)
330 COMPOSITE IBC	2		Product code: 221012NP05 NOT REGULATED Product name: ALTRABRITE H 45	41024-2	200	160.000
330 COMPOSITE IBC	4		Product code: 221012NP06 NOT REGULATED Product name: MULTI-TERJ CR-2213	41024-2	200	640.000
330 COMPOSITE IBC	2		Product code: 221012NP07 NOT REGULATED Product name: PERDRAW 6586	41024-2	200	320.000
330 COMPOSITE IBC	2		Product code: 221012NP08 NOT REGULATED Product name: POLYDRAW TOPAZ 6323	41024-2	200	320.000
	10					1440 1600

Freight Charges PrePaid

Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse on the consignee, the originator shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all lawful charges.
LARSON TOOL & STAMPING CO.

C.O.D. AMOUNT
\$

Remit C.O.D. AMOUNT TO:
CARRIERS C.O.D. FEE PAID BY:

- ☐ Shipper ☐ Consignee
FORM OF PAYMENT
☐ Company Check
☐ Money Order
☐ Cashier's Check
☐ Other

All drivers are required to have PPE (Personal Protective Equipment) on hand.
Required PPE - Eye ware / Steel Toe Boots / Gloves / Hearing / Mask

Carrier's liability is for actual loss unless otherwise agreed in Appendix B to Common Carrier Rate Agreement, contract, or stated below. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ per pound.

per _____ Shipper

per _____

per _____
(Shipper or Shipper's Agent Signature)

Time & Date tendered _____ AM/PM
PERMANENT ADDRESS:

Accepted in good order and condition, unless otherwise stated herein,
PIECES

Exceptions:

FRONTLINE LTL (FFFL)

per _____
(Driver's Signature)

Time & Date tendered _____ AM / PM

Shipper Certification
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.
Per _____ Date 5-9-24

Carrier Certification
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent document in the vehicle.
Per _____ Package Nos _____
Date _____

I hereby certify that these containers are "Empty" as required in the California's Title 26, Div 22 Section 66261.7 and 40 CFR 261.7 hazardous material regulations, and that they have been properly classified, described, packaged, marked and labeled, and prepared for transportation under the regulations of the U.S. Department of Transportation 49 CFR 173.29 and 49 CFR 172.204.

Per _____ Date _____



Purchase Order No.
 Shipper's No.
 Shipment Create Date 04/29/2024
 Early Pickup Date 04/29/2024
 Customer Code NORTHWALES
 Vendor ID Ship To ID PATP01 - EISHERMAN

BILL OF LADING

Non-Negotiable

B/L No. C001148425P0001
 Order Number 2101843
 Trailer Number
 Filler P.A.T. PRODUCTS
 Dock Hours 9AM-4PM

Page 1 of 1

RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, 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 below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Shipper P.A.T. PRODUCTS 21 WHITE PINE RD HERMON, ME 04401 LOGAN YORK 207-942-6348 LOGAN@PATPRODUCTS.COM	Consignee MPS NORTH WALES PA 1400 WELSH ROAD NORTH WALES, PA 19454 BRADLEY.TRANSUB@MAUSERPACKAGING.COM 2155291898
Bill To ICS C/O WILLIAMS & ASSOCIATES, INC 405 EAST 78TH STREET BLOOMINGTON, MN 55420	(Put Pro Label Here)

Special Instructions

Handling Units	Pieces	HM	Description of Articles, Packages, Markings, Exceptions	NMFC #	Class	Weight (lbs)	Freight Charges
275 COMPOSITE IBC	22		Product code: 38397 NON-HAZARDOUS PRODUCT Product name: ERT	41024-2	200	3520.000	PrePaid
	22		Driver's Signature Trucking Co. <u>IBR 2</u> Trailer# <u>1694937</u> Date: <u>5/21/24</u> Seal# Mauser Signature:			3520	<p>Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse to the carrier, the originator shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all lawful charges. P.A.T. PRODUCTS</p> <p>C.O.D. AMOUNT \$</p> <p>Remit C.O.D. AMOUNT TO: CARRIERS C.O.D. FEE PAID BY:</p> <p> <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee FORM OF PAYMENT <input type="checkbox"/> Company Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Other </p>

All drivers are required to have PPE (Personal Protective Equipment) on hand.
 Required PPE – Eye ware / Steel Toe Boots / Gloves / Hearing / Mask

Carrier's liability is for actual loss unless otherwise agreed in Appendix B to Common Carrier Rate Agreement, contract, or stated below. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per piece

per _____ Shipper

per _____

(shipper or Shipper's Agent Signature)

Time & Date tendered _____ AM/PM

PERMANENT ADDRESS:

Accepted in good order and condition, unless otherwise stated herein,

PIECES

Exceptions:

FRONTLINE LTL (FFFL)

per _____ (Driver's Signature)

Time & Date tendered _____ AM / PM

Shipper Certification

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.

Per Date 5/20/24

Carrier Certification

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent document in the vehicle.

Per _____ Package Nos. _____

Date _____

I hereby certify that these containers are "Empty" as required in the California's Title 26, Div 22 Section 66261.7 and 40 CFR 261.7 hazardous material regulations, and that they have been properly classified, described, packaged, marked and labeled, and prepared for transportation under the regulations of the U.S. Department of Transportation 49 CFR 173.29 and 49 CFR 172.204.

Per Date 5/20/24



Sign



Extract Text



Share



Sign



More



Purchase Order No.
 Shipper's No.
 Shipment Create Date 04/30/2024
 Early Pickup Date 04/30/2024
 Customer Code NORTHWALES
 Vendor ID Ship To LARS06 - EISATTLEBO
 ID

LIBERT HIGGINS **BILL OF LADING**

Non-Negotiable

B/L No. C001149577P0001
 Order Number 2102118
 Trailer Number
 Filler LARSON TOOL & STAMPING CO.
 Dock Hours 7AM-5:30PM - SELF SERVE DOCK

Page 1 of 1

RECEIVED, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, 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 below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

Shipper	LARSON TOOL & STAMPING CO. 90 OLIVE ST. ATTLEBORO, MA 02703 MISTI ARMSTRONG X18 / SHAWN REGO X43 508-222-0897 MARMSTRONG@LARSONTOOL.COM; SREGO@LARSONTOOL.COM; ALARSON@LARSONTOOL.COM	Consignee	MPS NORTH WALES PA 1400 WELSH ROAD NORTH WALES, PA 19454 BRADLEY.TRANSUE@MAUSERPACKAGING.COM 2155291898
Bill To	ICS CO WILLIAMS & ASSOCIATES, INC. 405 EAST 78TH STREET BLOOMINGTON, MN 55420	Driver's Signature	<i>[Signature]</i>
Trucking Co. <i>BRP</i>		(Put Pro Label Here)	
Special Instructions		Date: <i>5/21/24</i> Seal# <i>1090833</i> Maurer Signature: <i>[Signature]</i>	

Handling Units	Pieces	H M	Description of Articles, Packages, Markings, Exceptions	NMFC #	Class	Weight (lbs)	Freight Charges PrePaid
330 COMPOSITE IBC	2		Product code: 221012NP05 NOT REGULATED Product name: ALTRABRITE H 45	41024-2	200	160.000	Subject to Section 7 of the agreement between Shipper and Carrier, if the shipment is to be delivered to the consignee without recourse on the consignee, the originator shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all lawful charges. LARSON TOOL & STAMPING CO. C.O.D. AMOUNT \$ Remit C.O.D. AMOUNT TO: CARRIERS C.O.D. FEE PAID BY: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee FORM OF PAYMENT <input type="checkbox"/> Company Check <input type="checkbox"/> Money Order <input type="checkbox"/> Cashier's Check <input type="checkbox"/> Other
330 COMPOSITE IBC	4		Product code: 221012NP06 NOT REGULATED Product name: MULTI-TERJ CR-2213	41024-2	200	640.000	
330 COMPOSITE IBC	2		Product code: 221012NP07 NOT REGULATED Product name: PERDRAW 6586	41024-2	200	320.000	
330 COMPOSITE IBC	2		Product code: 221012NP08 NOT REGULATED Product name: POLYDRAW TOPAZ 6323	41024-2	200	320.000	
	10					1440-1600	

All drivers are required to have PPE (Personal Protective Equipment) on hand.
 Required PPE - Eye ware / Steel Toe Boots / Gloves / Hearing / Mask

Carrier's liability is for actual loss unless otherwise agreed in Appendix B to Common Carrier Rate Agreement, contract, or stated below. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per pound.

per _____ Shipper

per _____

(Shipper or Shipper's Agent Signature)

Time & Date tendered _____ AM/PM

PERMANENT ADDRESS:

Accepted in good order and condition, unless otherwise stated herein,

PIECES

Exceptions:

FRONTLINE LTL (FFFL)

per _____ (Driver's Signature)

Time & Date tendered _____ AM / PM

Shipper Certification

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.

Per _____ Date *5-9-24*

Carrier Certification

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent document in the vehicle.

Per _____ Package No. _____

Date _____

I hereby certify that these containers are "Empty" as required in the California's Title 26, Div 22 Section 66261.7 and 40 CFR 261.7 hazardous material regulations, and that they have been properly classified, described, packaged, marked and labeled, and prepared for transportation under the regulations of the U.S. Department of Transportation 49 CFR 173.24 and 48 CFR 177.205.

Per *[Signature]* Date *5/27/24*



Sign



Extract Text



Share



Sign



More