



**AMERICAN CARTON
& POLYBAG INC.**
www.americancarton.net

Bill Of Lading Page: 1 of 2

BOL #: 7256

Date: 10/21/2013

123 Your Street Address on PO
Address Number Two
Yardley, PA 19067
Phone: (215)369-7800
Fax : (215)369-7801
Email: Joe@Advantzware.com

MATTS AUTOMOTIVE PARTS
123 Great Lane
123 Great Lane
Mytle Beach, SC 29976

Ship To:
MATTS AUTOMOTIVE PARTS
Hwy 17
Surfside Beach, SC 29577

Date	FOB	Carrier	Freight Terms
10/21/2013	Destination	Our Truck	Prepaid

Order Qty / Part#	PO# / Job#	Description	Units	Count	Total	P/C
3,000 BMatt210068A99		Matt21-11302 Century Box BOL Test 1	120	25	3000	C
2,000 BMatt210074A99		Matt21-11328 Protagon AutoPO Test aaaaaaaaa bbbbbbbbbb	80	25	2000	C
1,000 BMatt210075A99		Matt21-11333 Delete BOL Create Neg QTY Test	40	25	1000	C
3,000 BMatt210080A99		Matt21-11330 Peachtree Sheet Size Test aaaaaaaaaaaa bbbbbbbbbbbbbb	75	40	3000	C
2,000 BMatt210081A99		Matt21-11362 Adapt-A-Pak Allocated Test	50	40	2000	C
1,000 BMatt210101A99		Matt21-11390 Order Display Test	25	40	1000	C
2,000 BMatt210110A99		Matt21-11453 St Claire Release Test 3	50	40	2000	C
1,000		Matt21-11307	40	25	1000	C



**AMERICAN CARTON
& POLYBAG INC.**
www.americancarton.net

Bill Of Lading Page: 2 of 2

BOL #: 7256

Date: 10/21/2013

123 Your Street Address on PO
Address Number Two
Yardley, PA 19067
Phone: (215)369-7800
Fax : (215)369-7801
Email: Joe@Advantzware.com

MATTS AUTOMOTIVE PARTS
123 Great Lane
123 Great Lane
Mytle Beach, SC 29976

Ship To:
MATTS AUTOMOTIVE PARTS
Hwy 17
Surfside Beach, SC 29577

Date	FOB	Carrier	Freight Terms
10/21/2013	Destination	Our Truck	Prepaid

Order Qty / Part#	PO# / Job#	Description	Units	Count	Total	P/C
-------------------	------------	-------------	-------	-------	-------	-----

FMatt210042A99

Century Box BOL Test 4

3,000

Matt21-11388c

3

1000

3000

C

FMatt210051A99

Frankston Touchscreen Test 3

Shipping Instructions:

This is a Test
For a new BOL format
This is a Test
For a new BOL Format! alksjdbfnlkajsjnbfvlkjsahnldikgfaslikd

Total Units	:	252
Total Weight	:	8,671

Signature of Receipt

Customer _____

Carrier _____

Date _____

Date _____