

		1 DATE SHIPPED 08-10-2018 SHIPPER NUMBER 198719-8063 CONSIGNEE P.O. NUMBER 0311423		Page 1 of 1 APPLY PRO LABEL HERE →		<div style="display: inline-block; text-align: left;"> 149852129 Freight Label </div>			
		2 CONSIGNEE (TO) COMPANY <div style="text-align: center; font-weight: bold; font-size: 1.2em;">EMPIRE SAFETY & SUPPLY</div>				3 SHIPPER SELECT <input checked="" type="checkbox"/> PREPAID (SHIPPER) <input type="checkbox"/> COLLECT (CONSIGNEE)		COMMENTS	
		STREET ADDRESS (RMFL CANNOT DELIVER TO A P.O. BOX) 10624 INDUSTRIAL AVE				FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT. CHECK BOX IF COLLECT			
CITY ROSEVILLE STATE CA ZIP 95678		ROUTING INSTRUCTIONS				B I L L T O			
4 SHIPPER (FROM) COMPANY <div style="text-align: center; font-weight: bold; font-size: 1.2em;">LIFE GUARD (626)965-1588</div>		COMPANY							
STREET ADDRESS (NOT A P.O. BOX) 18999 RAILROAD STREET		ADDRESS							
CITY INDUSTRY, STATE CA ZIP 91748		CITY, STATE, ZIP				REMIT C.O.D. TO: (IF DIFFERENT THAN SHIPPER ABOVE.) NAME ADDRESS CITY, STATE, ZIP			
C.O.D. (C.O.D. AMOUNT) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div>		1. THE LETTERS C.O.D. MUST APPEAR IN THE BOX BEFORE CONSIGNEE'S NAME ABOVE. 2. SHIPPER REQUESTS C.O.D. AMOUNT IN: <input type="checkbox"/> CASHIER CHECK ONLY <input type="checkbox"/> CONSIGNEE'S CHECK "OK" 3. C.O.D. FEE TO BE <input type="checkbox"/> COLLECT (CONSIGNEE) <input type="checkbox"/> PREPAID (SHIPPER) <small>C.O.D. FEE WILL BE COLLECT UNLESS MARKED PREPAID</small>							
CONSIGNEE PHONE NUMBER		5 NO. OF PIECES 104 TYPE OF PKG. CS HM 6 KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO INSPECTION) <div style="font-weight: bold; font-size: 1.1em;">DISPOSABLE GLOVES 1000PC/CS</div> <div style="font-weight: bold; font-size: 1.1em;">TOTAL 1 PALLET / PALLET RATE APPLY</div> <div style="margin-top: 10px;"> **TEL: 916-781-3003 **RECEIVER MUST SIGN FOR TOTAL CASES** </div>							
CLASS 50 7 WEIGHT IN LBS. (subject to correction) 1300 RATE CHARGES		NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) or NMFC Item 360.							
RECEIVED, SUBJECT TO INDIVIDUALLY DETERMINED RATES OR CONTRACTS THAT HAVE BEEN AGREED UPON IN WRITING BETWEEN THE CARRIER AND SHIPPER, IF APPLICABLE, OTHERWISE TO THE RATES, CLASSIFICATIONS AND RULES THAT HAVE BEEN ESTABLISHED BY THE CARRIER AND ARE AVAILABLE TO THE SHIPPER, ON REQUEST. The property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown above, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.									
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.				SINGLE SHIPMENT PICK UP <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NO. OF PIECES 1 PLT			
8 SHIPPER'S SIGNATURE AND DATE		PRINT LAST NAME		DRIVER'S SIGNATURE <i>Sean Innes</i>		DATE 8/10/18			
				EMPLOYEE NUMBER		TIME			