


## BILL OF LADING

SHIP FROM		TQLM-6245		Carrier Name: TQAI	
 632c College Dr. Marion, NC 28752 Phone: 828-652-0799 Fax: 828-652-0804	Freight Charge Terms:	Truck Number:	Trailer	Seal	
	Prepaid: _____	sds	Number: sds	Number(s)	
	Collect: _____	Date: 01-26-2020		Time: 23:49:44	
	3rd Party: _____	Customer Job No.: sds			
		Customer P/O No.: sdsds			

<b>CAS-MORGANTON Site 1 Shipping Dock</b> Address: 1103 JAMESTOWN ROAD State/City/Zip: Cisco Code: TQAE      FOB: <input type="checkbox"/>	PO BOX 61050 Name: c/o DATA LOGISTICS Address: PO BOX 61050 City/State/Zip: FORT Meyers, FL 39906
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QQ		CARRIER INFORMATION
<b>PartNumber</b>	<b>Qty Shipped</b>	0243
null	null	

<b>Shipper Signature/Date</b>          This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT	<u>Trailer Loaded:</u> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver  <u>Freight Counted:</u> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>Recipient Signature/Date</b>  This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT

