

BILL OF LADING/DELIVERY ORDER-

SHORT FORM-NOT NEGOTIABLE



SHIP FROM		Shipper Reference Number: Bill of Lading Number: 125597415 Purchase Order Number: 4082242 Load Release Number: Pick Up On Behalf Of: Shipco Airfreight - CS																																											
Cryosphere Innovation, LLC 165 Dean Knauss Drive #7, NARRAGANSETT, RI 02882 Cameron Planck - (541) 501-0228																																													
SHIP TO		<i>No Accessorial Charges Approved Without Prior Written Consent From Shipco.</i>																																											
Shipco c/o AIRTIME EXPRESS INC 147-35 FARMERS BOULEVARD JAMAICA, NY JAMAICA, NY 11434 Eric - (718) 723-2323																																													
THIRD PARTY FREIGHT CHARGES BILL TO		Carrier Name: ESTES EXPRESS LINES - Normal Pickup Number: 114733450 Pro number: - Click here to track shipment.																																											
Shipco Transport 80, Washington Street HOBOKEN, NJ, 07030																																													
SPECIAL INSTRUCTIONS:		Freight charge terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input checked="" type="checkbox"/> Collect: _____ 3rd party: <input type="checkbox"/> Emergency Contact #:																																											
ORIGIN INSTRUCTIONS: ORIGIN ACCESSORIALS: None DESTINATION INSTRUCTIONS: DESTINATION ACCESSORIALS: Over Length - 8ft but less than 12ft Service Level: Normal																																													
CUSTOMER ORDER INFORMATION																																													
CUSTOMER PO NUMBER		#PKGS	WEIGHT	ADDITIONAL SHIPPER INFO																																									
4082242		2	260 lbs	PALLET / SLIP (CIRCLE ONE)																																									
				STACKABLE																																									
CARRIER INFORMATION																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="background-color: black; color: white; padding: 2px;">HANDLING UNIT</th> <th colspan="2" style="background-color: black; color: white; padding: 2px;">PACKAGE</th> <th style="padding: 2px;">WEIGHT</th> <th style="padding: 2px;">H.M. (X)</th> <th colspan="2" style="background-color: black; color: white; padding: 2px;">COMMODITY DESCRIPTION</th> <th colspan="2" style="background-color: black; color: white; padding: 2px;">LTL ONLY</th> </tr> <tr> <th style="padding: 2px;">QTY</th> <th style="padding: 2px;">TYPE</th> <th style="padding: 2px;">QTY</th> <th style="padding: 2px;">TYPE</th> <th style="padding: 2px;"></th> <th style="padding: 2px;"></th> <th colspan="2" style="padding: 2px;">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 Section 2(e) of NMFC Item 360</th> <th style="padding: 2px;">NMFC#</th> <th style="padding: 2px;">CLASS#</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">2</td> <td style="padding: 2px;">Crate</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">PCS</td> <td style="padding: 2px;">260 lbs</td> <td style="padding: 2px;"></td> <td colspan="2" style="padding: 2px;">Third generation Seasonal Ice Mass Balance Buoy 96 x 13 x 12 inches</td> <td style="padding: 2px;">77.5</td> <td style="padding: 2px;"></td> </tr> <tr> <td colspan="6"></td> <td colspan="2"></td> <td colspan="2"></td> </tr> </tbody></table>						HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY		QTY	TYPE	QTY	TYPE			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 Section 2(e) of NMFC Item 360		NMFC#	CLASS#	2	Crate	2	PCS	260 lbs		Third generation Seasonal Ice Mass Balance Buoy 96 x 13 x 12 inches		77.5											
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SHIPPER ACKNOWLEDGES AND AGREES THAT SHIPCO'S LIABILITY, IF ANY, IS CAPPED AS SET FORTH IN THE CONDITIONS OF CONTRACT. If Shipper has questions regarding the limit of liability, or wishes to increase the amount of this liability, it may contact Shipco at (908) 345-2700. Shipper agrees that a request for additional liability will be subject to additional fees.: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.						COD amount: \$ _____ Fee terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>																																							
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C 14706(c)(1)(A) and (B).																																													
RECEIVED by Carrier the property described above, in good order, except as noted. Carrier's service is subject to the rates and contracts agreed upon in writing between Carrier and Shipco and is not subject to any tariffs or classifications maintained by the Carrier. By tendering or accepting cargo, the consignor and consignee each acknowledges and agrees on their own behalf and on behalf of the owner of the cargo identified herein, that Shipco is operating as a property broker, and not a motor carrier, and Shipco's arrangement of transportation identified herein is solely governed by and subject to the Shipco Conditions of Contract which, for purposes of this bill of lading shall mean either: (1) if Shipco has issued a house airwaybill or an ocean bill of lading showing Shipco as the carrier and covering the origin or destination points noted herein, then the terms and conditions of such air waybill or ocean bill of lading; (2) in all other instances Shipco shall be deemed to be operating solely as a property broker and its services will be subject to the Shipco Inland Transport Terms and Conditions available at www.shipco.com , as updated and amended from time to time.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature																																							
SHIPPER SIGNATURE / DATE			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 regulation of the Department of Transportation.			Trailer loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/pieces			CARRIER SIGNATURE / PICKUP DATE 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 documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i>																																				

*** Special Instructions for Customer/Shipper ***

To ensure the trucking invoice is rated as quoted, please ensure the shipper's IBOL (Inland Bill Of Lading) is consigned as above - failure to do so may result in higher charges and or documentation fees. Quotes are based on information supplied at time of booking. If the actual weight - cube is found to be higher then what is shown here this can also result in higher charges based off of the weight and inspections by the inland carrier(s) and or receiving warehouses. Over length and or oversized freight, hazardous materials, lift gate, and other accessorial charges are subject to additional surcharges.