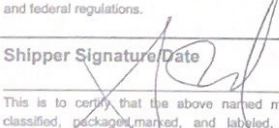


BILL OF LADING - SHORT FORM - NOT NEGOTIABLE									
Ship From Atlas Metallizing, Inc. 5 EAST STREET NEW BRITAIN, CT 06051 Name: Scott Mierkiewicz, Phone: 8608279777					Emergency Contact Telephone Number: Bill of Lading Number: 2182782 Pickup Date: 09/24/2021				
Ship To FLEXCON COMPANY NE - PLANT 2 2021 23RD STREET EAST PLANT 2 COLUMBUS, NE 68601					Carrier Name: FITZMARK Mode: TRUCKLOAD SCAC: FZMK PRO Number: N/A				
References Orlee ID: 1381225 Route No: FLEX-62168									
Special Instructions					Freight Charge Terms: Collect Third Party Freight Charges Bill To				
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		SHIPPED QTY	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
479225				Y	N				
				Y	N				
				Y	N				
				Y	N				
				Y	N				
GRAND TOTAL		0	0						
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	(x) HM	COMMODITY DESCRIPTION		NMFC #	CLASS
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(a) of NMFC item 360			
10	PLT			10000		30x60x36 per pallet			55.0
10				10000		GRAND TOTAL			
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: "The agreed or declared value of the property is specifically stated by the shipper to not be exceeding _____ per _____."									
						COD Amount: \$ _____		Fee Terms: Collect _____ Prepaid _____ Customer check acceptable _____	
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).									
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, and to all applicable state and federal regulations.					The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees. Shipper Signature _____				
Shipper Signature/Date  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 Department of Transportation.				Trailer Loaded: _____ by Shipper _____ by Driver		Freight Counted: _____ by Shipper _____ by Driver/Pallets Said to Contain _____ 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 vehicle. Property described above is received in good order, except as noted.	

Please Call For Apt. Time!
402 562 6131

FLEXcon Company Inc.
Received by BJ Carter

SEP 27 2021

Receiver # 
Comment