

Date: 2025-02-03		BILL OF LADING	
SHIP FROM		Bill of Lading Number: FBA18T46PDJL	
Dlh Western		Amazon PO Id: 4BMXR95I	
40828 FM149 RD		5 a U n c b ' F Y Z f Y b W ' B i a V Y f 34302919401	
MAGNOLIA, TX, 77354-1225		CARRIER NAME: CENTRAL TRANSPORT INTERN/	
SHIP TO		SCAC: CTII	
BNA6		Pro number: _____	
3875 GUTHRIE HWY		THIRD PARTY FREIGHT CHARGES BILL TO:	
CLARKSVILLE, TN, 37040-5502		Name:	
		Address:	
		City/State/Zip: A A	
		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
		Prepaid _____ Collect ___✓___ 3 rd Party _____	
Shipment Details			
Total Cartons		169	
Num. Stackable Pallets		0	
Num. Unstackable Pallets		5	
Total Shipment Weight		4105 pounds	
Total Shipment Volume		305.556 cubic feet	
Freight Class		70.0	
Shipment Type		FTL/LTL	
Total Units		2288	
Declared (Insurable) Value		1690.00 USD	
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 be not exceeding _____ per _____."		COD Amount: \$ _____	
		Fee Terms: Collect: <input checked="" type="checkbox"/> Prepaid: <input type="checkbox"/> Cust omer 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, 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 freight and all other lawful charges.	
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 DOT.		Shipper Signature	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	