

SHIP FROM		Bill of Lading Number: <div style="text-align: center; font-size: 1.2em;">78925301572</div>			
Sprandel Inc. 6754 Synthetic Rd SID No.: 4815					
SHIP TO		Carrier Name: Trailer number: EZ Trucking Serial number(s):			
The Bath & Body Shop 567 Soapy St CID No.: 4441					
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: Pro Number: <div style="text-align: center; font-size: 1.2em;">9801927369375784</div>			
The Bath & Body Shop 567 Soapy St CID No.: 4441					
Special Instructions:		Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party <input type="checkbox"/>			
		<input type="checkbox"/> Master bill of lading with attached underlying bills of lading.			
CUSTOMER ORDER INFORMATION					
Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
34131	34	XX	Y	N	15,000 5 oz Bronze Lotion, 20,000 5 oz BL cap
	79	XX	Y	N	60,000 12 oz Bronze Lotion, 50,000 12 oz BL cap
	68	XX	Y	N	100,000 12 oz Pink Lotion
	124	XX	Y	N	200,000 12 oz Clear Lotion, 200,000 12 oz CL cap
			Y	N	
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 Pat Sloan			
Shipper Signature/Date <i>Pat Sloan 11/28/X3</i> <small>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.</small>	Trailer Loaded: <input type="checkbox"/> By shipper <input checked="" type="checkbox"/> By driver	Freight Counted: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	Carrier Signature/Pickup Date <div style="text-align: center; font-family: cursive;">George Winters 11/28/X3</div> <small>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.</small>		