

Date: 7/26/2016		<b>BILL OF LADING</b>		Page 1 of 1	
<b>SHIP FROM</b>			<b>Bill of Lading Number:</b> 686067		
Name: APEX LOGISTICS INTL MIA Address: 11401 NW 134 ST. City/State/Zip: MIAMI/FL/33178 SID#: 1			FOB: <input type="checkbox"/>		
<b>SHIP TO</b>			<b>CARRIER NAME:</b> HIGHLANDER NATION WIDE INC		
Name: san diego Address: 9934 via de la amistad City/State/Zip: san diego/CA/92154 CID#: 1			Trailer number: Seal number(s): <b>SCAC:</b> <b>Pro number:</b>		
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>					
Name: Nolan Transportation Group Address: 85 Mill St. Building A #214 City/State/Zip: Roswell/GA/30075					
SPECIAL INSTRUCTIONS:					
			<input type="checkbox"/> Master Bill Of Lading: with attached underlying Bills Of Lading		
<b>CUSTOMER ORDER INFORMATION</b>					
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>GRAND TOTAL</b>					
<b>CARRIER INFORMATION</b>					
HANDLING UNIT		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY
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
1		8000		SCISSOR LIFT	
1		8000		<b>GRAND TOTAL</b>	
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 "				<b>COD Amount: \$</b> <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ <b>Shipper Signature</b>	
<b>SHIPPER SIGNATURE / DATE</b> <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 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		<b>CARRIER SIGNATURE / PICKUP DATE</b> <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>	
<b>RECEIVER SIGNATURE / DATE</b>					