

Shipper PDC International. Address: 901 Penn Street Unit L Rahway, NJ 07065 Country: USA Contact Name: shipping Phone No: (203) 853-1516 Contact Email: Fax No:	Carrier: Clear Lane - Asset Lite PO # : Shipper Ref #: Customer BOL NO: Origin Terminal: P:(866) 491-9255 Destination Terminal: P:(866) 491-9255	Shipment Date: 01/26/2021 Est. Transit Days: 5 day(s) Carrier PRO #:
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Consignee Okay Pure Naturals/ Xtreme Beauty International Address: 15400 NW 34th Ave. Opa Locka, FL 33054 Country: USA Contact Name: receiving Phone No: (305) 622-7474 Contact Email: Fax No: Opening Hours: 8:00 Closing Hours: 3:00 PM AM	Third Party Billing Information : All charges prepaid to : GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (866) 275-1407 GTZ BOL NO : 21186840
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Comments/Special Instructions:

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	4	0		Demerara Sugar 180 25kg bags	10000 lbs	70	40 In	48 In	0	17940
Total:	4	0			10000 lbs					

Any problems with delivery, please contact Positive Freight Solutions, Inc at pod1@globaltranz.com or (480) 291-5860.

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____ **Date:** _____ **Trailer#:** _____

Driver's Signature: _____ **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Consignee Signature: _____ **Print Name:** _____

Company Name: _____ **Date:** _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR