

GLOBALTRANZ

Straight Bill of Lading - Short Form - Original - Not Negotiable

BOL NO : 16374614

Phone : (866) 275-

1407x9905

Fax : (623) 209-0093

Shipper Ishaan Enterprise Inc
Address: 4135 Pestana Place
Fremont, CA 94538
Country: USA
Contact Name: ketan upadhyay
Phone No: (510) 754-1349
Fax No:

Carrier: UPS Freight **Shipment Date:** 10/01/2018
PO #: **Est. Transit Days:** 5 day(s)
Shipper Ref #: **Carrier PRO #:**
Origin Terminal: **Destination Terminal:**
P:(877) 217-7771 **P:**(978) 664-0937

Consignee BOSTON MICROSCOPE
Address: 4 b Poplar st
Wilmington, MA 01887
Country: USA
Contact Name: Bryan Hoffman
Phone No: (617) 299-0920
Fax No:

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 : 16374614

LIMITATIONS OF LIABILITY APPLY. SUBJECT TO LIMITS OF LIABILITY OF THE CARRIER'S RULES TARIFF. CUSTOMER SERVICE 1-800-333-7400

Comments/Special Instructions: Residential Dropoff || Liftgate Dropoff

| Package Name | Pallets | Pieces | HM | Description | Weight | Class | Length | Width | Height | NMFC# |
|-----------------------|----------|----------|----|---|----------------|-------|--------|-------|--------|-------|
| Pallets(non-standard) | 1 | 0 | | Dental, Medical or Surgical Instruments or Machines | 145 lbs | 150 | 36 in | 36 in | 31 in | 56680 |
| Total: | 1 | 0 | | | 145 lbs | | | | | |

Any problems with delivery, please contact Customer Service, pod2@globaltranz.com at (866) 275-1407x9905.

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:** Mario V Pelt**Date:** 10-1-18 **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