



LTL Bill of Lading- Not Negotiable

BOL Number: 4413066

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|---|--|---|--|--|--|
| SHIP FROM | | SHIP TO | | REFERENCES | |
| UNILUX CRFC CORP Contact Name: GURSU AKSU 3055 LENWORTH DR UNIT 2 Mississauga ON L4X2G3 Phone: 18886276727 | | Open Time 09:00 Close Time 16:00 | | Ship date: 06/04/2025 Carrier: POLARIS TRANSPORTATION GROUP Pro Number: P2960616 | |
| David Hultman Contact Name: DAVID HULTMAN 655 POMANDER WALK Teaneck NJ 07666 Phone: 2019318042 | | BOL #: 4413066 Customer Ref #: | | | |
| THIRD PARTY FREIGHT CHARGES BILLED TO | | SPECIAL SERVICES | | | |
| INTEGRATED CARRIERS 9 - 75 FIRST STREET, SUITE 209, Orangeville ON L9W 5B6 A/C No: 000605 | | Questions or Issues with shipment call 416-603-0103 | | | |
| SPECIAL INSTRUCTIONS | | | | | |
| Ship From : Ship To : BROKER IS CUSTOMS QUOTE. EMAIL DOCS@CUSTOMSQUOTE.COM | | | | | |

| PKG | WT(LBS) | HM | COMMODITY DESCRIPTION | DIMS(In) | FRT CLASS |
|--|---------|---|---|---|-----------|
| Pallet | 300 | | Parts | 62 x 48 x 20 | |
| 1 | 300.0 | | | | |
| 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____Prepaid____Check Applicable____ | | |
| NOTE: Liability limitation for loss or damage in this shipment may be applicable. | | | | | |
| | | | | Trailer Loaded: _____by shipper _____by Driver | |
| | | | | Freight Counted: _____by shipper _____by Driver | |
| 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 Shipper_____Date:_____ | | Carrier Signature/Date Carrier acknowledges receipt of packages and required placards. Property described above is received in good order, except as noted. Carrier_____Date:_____ | | Consignee Signature/Date Received in good order, except as noted. Consignee_____Date:_____ | |