



DATE : 22-May-25
REF# 4395602 :
CONTACT :
ACCOUNT : -

ORDER # 4395602 MUST BE ADDED TO YOUR FREIGHT INVOICE

Carrier	: SS Transportation	Attention	:
Telephone	:	Fax	:
Shipper	: GOLDSTONE HVACR INC	P.O. Number	:
		Ref. Number	:
Address	: 272 PROSPECT ST.,	City	: ST. GEORGE
		State	: ON N0E1N0
Contact	: DAVE COCHRANE EXT. SHIPPING	Telephone	: 5194481448
Date Ready	: 22-May-25	Ready	: 09:00 AM
		Close	: 05:00 PM

Consignee	: TEMSPEC INC.		
Address	: 326 SUPERIOR BLVD.,	City	: MISSISSAUGA
		State	: ON L5T2N7
Contact	: DINNA	Telephone	: 9056703595
Deliver On	: 22-May-25	Close	: 14:45 PM

Special Instructions :

Broker	:	Phone	:
Ref	:	Fax	:
Port	:		

Load Info	Pieces	Weight	Description
	8	2120.00 LBS	Deliver Direct

AGREED RATE 275.00 CAD

TERMS AND CONDITIONS

is solely responsible for the payment of freight charges on this shipment.
Rate is all inclusive including fuel surcharge.
must be informed of any change to shipment and any accessorial charges before they occur. All Charges must be confirmed by revised email. All driver's crossing the border MUST have valid passport.
Non payment will occur if this order is co-brokered (or subcontracted) or if customer is back solicited.
Should the Bill of Lading instructions differ from the above and/or any conditions cannot be met, must be notified immediately.
Load confirmation must be signed and emailed back IMMEDIATELY to complete this transaction and for payment to be processed.

X

Carrier Signature



LTL Bill of Lading- Not Negotiable

BOL Number: 4395602

SHIP FROM			Ship date: 05/22/2025 Carrier: INTEGRATED CARRIERS Pro Number: 4395602			
Goldstone HVACR Inc Contact Name: DAVE COCHRANE EXT. SHIPPING 272 PROSPECT ST. St. George ON N0E1N0 <div style="text-align: right;">Phone: 5194481448</div>						
SHIP TO			REFERENCES			
Temspec Inc. Contact Name: DINNA 326 SUPERIOR BLVD. Mississauga ON L5T2N7 <div style="text-align: right;">Phone: 9056703595</div>			BOL #: 4395602 Customer Ref #: 60052, 60619			
THIRD PARTY FREIGHT CHARGES BILLED TO			SPECIAL SERVICES			
Integrated Carriers <div style="text-align: right;">A/C No:</div>			null			
SPECIAL INSTRUCTIONS						
Ship From :	Ship To :					
PKG	WT(LBS)	HM	COMMODITY DESCRIPTION	DIMS(In)		FRT CLASS
Pallet	265		Pallets	48 x 45 x 84	0	
Pallet	265		Pallets	48 x 45 x 84	0	
Pallet	265		Pallets	48 x 45 x 84	0	
Pallet	265		Pallets	48 x 45 x 84	0	
Pallet	265		Pallets	48 x 45 x 84	0	
Pallet	265		Pallets	48 x 45 x 84	0	
Pallet	265		Pallets	48 x 45 x 84	0	
Pallet	265		Pallets	48 x 45 x 84	0	
8	2120.0					
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:	Freight Counted:	
				_____by shipper _____by Driver	_____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:_____		