



Bill Of Lading

Shipment Id: 0589300
 Stop Number: 2
 Date: 03/28/2024
 Page 1 of 1

SHIP FROM:

Name: Allied Fitting - 076
 Address1: 14723 Fairway Pines Drive
 Address2:
 City/State/Zip/Country: Missouri City, TX 77489 US
 Contact: Allied Logistics Team
 Phone: 281-835-2100
 Email: Traffic076@alliedfit.com
 FOB: ☐

Bill of Lading Number: 00000000000605606

CARRIER NAME Kirsch Transportation Services, Inc.

Service Level: Standard Truckload

Trailer Number:

Seal Number:

SCAC: KIAT

PRO Number: 0589300

SHIP TO:

Name: WINSTON WATER COOLER
 Address1: 14134 VICKERY DR
 Address2:
 City/State/Zip/Country: Houston, TX 77032 US
 Contact:
 Phone:
 SID#:
 FOB: ☐



0589300

Freight Charge Terms:

(Freight charges are prepaid unless marked otherwise)

PrePaid ☒

Collect ☐

3rd Party ☐

Master Bill of Lading: with attached underlying Bills of Lading

THIRD PARTY / COLLECT FREIGHT CHANGES BILL TO:

SPECIAL INSTRUCTIONS

Name:
 Address:
 City/State/Zip/Country:
 Account No:

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER #	#PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
P1686983	15	42,797.00	Y	QPM705698-1
GRAND TOTAL	15.00	42,797.00		Cust. Rel #:

CARRIER INFORMATION

HANDLING UNIT		PACKAGES		H.M.	WEIGHT	COMODITY DESCRIPTION	NMFC#	CLASS
QTY	TYPE	QTY	TYPE					
15	CRATE	15 14	CRATE	N	42,797.00	Fittings, Flanges, Flanges		50
15.00		15.00			42,797.00	GRAND TOTAL		

NOTE Liability Limitation for loss or damage in this shipment may be applicable, See 49 U.S. Code §14706(c) (1) (A) and (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: _____

Subject to Section 7 of The Conditions of Applicable Bill of Lading: If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Trailer Loaded	By Shipper <input type="checkbox"/>	Freight Counted	By Shipper <input type="checkbox"/>	COD AMOUNT: _____	Collect <input type="checkbox"/>
	By Driver <input type="checkbox"/>		By Driver <input type="checkbox"/>	Customer Check Acceptable: <input type="checkbox"/>	PrePaid <input type="checkbox"/>

Shipper:

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 regulation of the DOT

Carrier:

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 vehicle.

Consignee:

Property described above is received in good order, except as noted

3/28/2024 11:03AM

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Signature Print Date Time Signature Print Date Time Signature Print Date Time