

SEND FREIGHT BILL TO _____

NAME	ENTACT, LLC
ADDRESS	999 Oakmont Plaza Dr., Ste. 300
CITY / STATE / ZIP	Westmont, IL 60559
EMAIL	wmurray@entact.com

BOL NO.	1
DATE	2/13/2024
EQUIPMENT NO.	S710
SERIAL NO.	
PO NO.	

Please complete in English (print)
Print two copies of this page: One for your driver, one for your files.

[illegible]

Carriers are responsible for wearing the ENTACT, LLC required safety equipment when on the ENTACT, LLC job sites which includes a hard hat, safety glasses, long sleeve shirt, long pants, steel toed boots, gloves, a reflective safety vest, and in some circumstances fire resistant clothing . These items will need to be provided at the carriers expense.

All ENTACT, LLC equipment is to be loaded and unloaded under the direction and supervision of an ENTACT, LLC associate or dealer representative. ENTACT, LLC will not be held liable for any damages to equipment, trucks, trailers, personal property, or injuries resulting from the loading or unloading performed without the required supervision.


Shipper and consignee are responsible for completing a full visual inspection of equipment, taking pictures of the equipment and any associated damages, reporting damages to the proper channels, and informing carrier of any damages or areas of concern for transporting equipment. Visual inspections are to be performed before shipment of each piece of equipment and upon delivery of each piece of equipment.

SHIPPER

COMPANY NAME	ENTACT, LLC
ADDRESS	5639 East Highway 332
CITY / STATE / ZIP	Freeport, TX 77541
CONTACT NAME	Larry Jones
PHONE	713-725-0257
DATE	2/13/2024
SIGNATURE	

By signing this I certify that the above mentioned materials are properly described, marked and labeled, and are in apparent good order for transportation according to the applicable regulations of the Department of Transportation. Shipper hereby certifies that they are familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for themselves and their assigns.

CONSIGNEE

COMPANY NAME	ENTACT, LLC
ADDRESS	101 Old Underwood Rd., Building J
CITY / STATE / ZIP	La Porte, TX 77571
CONTACT NAME	Kevin Vardeman
PHONE	281-831-4527
DATE	2/13/2024
SIGNATURE	

By signing this I certify that the above mentioned materials are properly described, marked and labeled, and are in apparent good order after transportation according to the Department of Transportation. Consignee hereby certifies that they are familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for themselves and their assigns.

Carrier

COMPANY NAME	Total Quality Logistics
USDOT#	
CARRIER PHONE	
DATE	2/13/2024
SIGNATURE	

SPECIAL INSTRUCTIONS

CALL CONSIGNEE PRIOR TO ARRIVAL

July 1949
Velocity Trans