

Ship From		Bill of Lading Number: 8264743
Name:	RITCHIE BROS AUCTIONEERS (AMERICA) INC.	Customer Ref:
Address:	15500 HIGHWAY 59 N	PO: 2023-024B041124-44
City/State/Zip:	HUMBLE, TX 77396	
Tel:	(111) 111-1111	FOB: <input type="checkbox"/>

Ship To		Carrier Name: D R B TRUCKLINE LLC
Name:	Air Products jobsite	Location: _____
Address:	30°08'16.7"N 90°54'55.0"W (pin location provided)	
City/State/Zip:	Darrow, LA 70725	
Tel:	(111) 111-1111	FOB: <input type="checkbox"/>

Third Party Freight Charges Bill to		SCAC:
Name:	Trinity Logistics Inc.	Carrier Pro:
Address:	50 Fallon Ave	
City/State/Zip:	Seaford, DE 19973	
Tel:	(612) 314-1355	

Special Instructions:	Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid __ Collect __ 3rd Party __
	____ Master bill of lading with attached underlying bills of lading.

Shipment Details					
Stop	Type	Pcs/Type/Wt	Address	Appt Date	Appt Time
1	Pickup - LOT# 8065 & 8098 Buyer# 14907		RITCHIE BROS AUCTIONEERS (AMERICA) INC. 15500 HIGHWAY 59 N HUMBLE, TX 77396 (111) 111-1111	4/22/2024	08:00
2	Delivery -		Air Products jobsite 30°08'16.7"N 90°54'55.0"W (pin location provided) Darrow, LA 70725 (111) 111-1111	4/23/2024	08:00 - 14:30

Carrier Information											
Pallets		Handling Unit		Cartons						LTN Only	
Qty	Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description			NMFC No.	Class
	0.00		0		15000.00 lbs		20' Conatiner + 12' Container				
PROBLEMS WITH THIS SHIPMENT? CALL (612) 314-1355											

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 _____

* Mark with an X to designate hazardous materials as defined in title 49 of the code of Federal Regulations
Haz Mat emergency Contact# 866-514-9090

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B). Carrier's liability is for actual loss unless otherwise agreed in Common Carrier Rate Agreement, or stated below.

Received, subject to individually determined rates or contracts that have been agreed upon in writing between the provider and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the provider and are available to the shipper, on request, and to all applicable state and federal regulations.	The provider shall not make delivery of this shipment without payment of charges and all other lawful fees. Shipper Signature _____
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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 applicable regulations of the DOT.	Trailer Loaded By: _____ Shipper _____ Driver	Freight Counted By: _____ Shipper _____ Driver /pallets _____ Driver /pieces	Carrier Signature/Pickup Date _____ Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or provider has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
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