

Shipper HARVEST SERVICES Address: OLD #11 HWY NORTH Craik, SK S0G 0V0 Country: Canada Contact Name: AMBER/DONA Phone No: (306) 734-2601 Contact Email: Fax No:	Carrier: YRC PO # : Shipper Ref #: PS4019364-085- S/U MIKE Customer BOL NO: Origin Terminal: P:(306) 359-3222	Shipment Date: 04/26/2022 Est. Transit Days: 4 day(s) Carrier PRO #: Destination Terminal: P:(503) 247-2585
--	---	---

Consignee GENERAL IMPLEMENT (PORTLAND) Address: 5735 NE SKYPORT WAY Portland, OR 97218 Country: USA Contact Name: SHIPPING Phone No: (503) 641-1865 Contact Email: Fax No:	Third Party Billing Information : All charges prepaid to : GlobalTranz PO Box 6348 Scottsdale AZ 85261 Direct billing inquiries to : (503) 389-8700 GTZ BOL NO : 24495836
---	---

Comments/Special Instructions:

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(non-standard)	1	2		CHAFFER- 100 TRIANGLE	250 lbs	100	64 In	46 In	80 In	175160
Total:	1	2			250 lbs					

Any problems with delivery, please contact Tracy Seward at t.seward@globaltranz.com or (503) 389-8700.

The authorized signatories signing this document on behalf of its company consents and bind its company to the terms and conditions found on www.carrierrate.com.

Shipper Certification : I hereby certify that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packaged, marked and labeled and in proper condition for carriage by land/air according to applicable national governmental regulations.

Shipper's Signature: _____ **Date:** _____ **Trailer#:** _____

Driver's Signature: _____ **Date:** _____ **Trailer#:** _____

Drivers Certification : Carrier acknowledges receipt of packages in good order, condition and quantity unless otherwise stated hereon. Carrier certifies emergency response information and required placards were made available and/or carrier has the D.O.T. emergency response guidebook or equivalent in the vehicle.

Consignee Signature: _____ **Print Name:** _____

Company Name: _____ **Date:** _____

Permanent post-office address of the Shipper:

* Mark with "X" to designate material as defined in Title 49 CFR