

**GLOBALTRANZ.**

Straight Bill of Lading - Short Form - Original - Not Negotiable

Phone : (757) 871-4468

BOL NO : 14211007

Fax : (757) 240-5956

**Shipper** Composite Mirror Applications  
**Address:** 1638 S Research Loop  
Suite # 100  
Tucson, AZ 85710  
**Country:** USA  
**Contact Name:** Robert Romeo  
**Phone No:** (520) 733-9302  
**Fax No:**

**Carrier:** UPS Freight  
**PO #:**  
**Shipper Ref #:**  
**Origin Terminal:** P:(520) 792-4902  
**Shipment Date:** 09/18/2017  
**Est. Transit Days:** 5 day(s)  
**Carrier PRO #:**  
**Destination Terminal:** P:(215) 245-7110

**Consignee** Evaporated Coatings Inc  
**Address:** 2365 Maryland Rd  
Willow Grove, PA 19090  
**Country:** USA  
**Contact Name:** Barbara Monti  
**Phone No:** (215) 659-3080x220  
**Fax No:**

**Third Party Billing Information :**

All charges prepaid to :  
**GlobalTranz**  
**PO Box 6348**  
**Scottsdale AZ 85261**  
Direct billing inquiries to : (866) 275-1407  
**GTZ BOL NO : 14211007**

**Comments/Special Instructions:**

**Pickup Remarks:** COATED CARBON FIBER POLYMER FORM. \$  
100,000 INSURANCE INCLUDED

Package Name	Pallets	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(40x48)	1	1		Scientific Instruments	100 lbs	200	40 in	48 in	41 in	58280
<b>Total:</b>	<b>1</b>	<b>1</b>			<b>100 lbs</b>					

**Emergency Contact No : x**

Any problems with delivery, please contact Steve Flood at sflood@globaltranz.com or (757) 871-4468.

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](http://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:** 18 Sept 17 **Trailer#:****Driver's Signature:****Date:** 9-18-17 **Trailer#:** 1841127

**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

LIMITATIONS OF LIABILITY APPLY. SUBJECT TO LIMITS OF LIABILITY OF  
THE CARRIER'S RULES TARIFF. CUSTOMER SERVICE 1-800-333-7400

ODOMETER    ARRIVE    DEPART    DESTINATION



377 765 673 TUC  
UPS Freight