

Shipper Composite Mirror Applications, Inc
Address: 1638 S Research Loop
BLDG 100
Tucson, AZ 85710
Country: USA
Contact Name: Robert Romeo
Phone No: (520) 733-9302x106
Contact Email:
Fax No:

Carrier: XPO
Logistics
PO # :
Shipper Ref #:
Customer BOL NO:

Shipment Date: 09/16/2021
Est. Transit Days: 4 day(s)
Carrier PRO #:

Origin Terminal: **Destination Terminal:**
P:(520) 806-0200 P:(757) 465-2460

Consignee Jefferson Science Labs
Address: 12000 Jefferson Ave
Shipping/Receiving
Newport News, VA 23606
Country: USA
Contact Name: Mike
Phone No: (757) 269-7854
Contact Email:
Fax No:
Opening Hours: 8:00 **Closing Hours:** 4:00 PM
AM

Third Party Billing Information :
All charges prepaid to :
GlobalTranz
PO Box 6348
Scottsdale AZ 85261
Direct billing inquiries to : (757) 871-4468
GTZ BOL NO : 22879096

Comments/Special Instructions:

Package Name	Units	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(non-standard)	1	2		Reflective Carbon FibersSheets	85 lbs	200	39 In	31 In	18 In	58280
Total:	1	2			85 lbs					

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.

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