

GLOBALTRANZ

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

Phone : (866)275-1407

BOL NO : 17777353

Fax : (623)209-0093

Shipper RADIOWAVES
Address: 40 HIGH STREET
DOCK D
North Andover, MA 01845
Country: USA
Contact Name: Angelo Damore
Phone No: (978) 552-2034
Fax No:

Carrier: Land Air
Express
PO #: 2090556
Shipper Ref #: SO-20043703
Origin Terminal: P:(603) 668-7190
Shipment Date: 06/11/2019
Est. Transit Days: 1 day(s)
Carrier PRO #:
Destination Terminal: P:(774) 250-1226

Consignee CAMBRIDGE FIRE DEPT.
Address: 491 BROADWAY
Cambridge, MA 02138
Country: USA
Contact Name: CHEIF REARDON
Phone No: (440) 498-9510
Fax No:
Opening Hours: 9:00 AM **Closing Hours:** 3:30 PM

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 : 17777353

Comments/Special Instructions:

Package Name	Pallets	Pieces	HM	Description	Weight	Class	Length	Width	Height	NMFC#
Pallets(non-standard)	1	1		TELECOM ANTENNA	195 lbs	250	67 in	34 in	58 in	060535-03
Total:	1	1			195 lbs					

Any problems with delivery, please contact GlobalTranz at (866)275-1407

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: S. Amys

Date: 6-11-19 **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: _____

Permanent post-office address of the Shipper:

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

LandAir LAEA Copy 800-639-3095 • www.mylandair.com

LAEA 3020039739 LON



OVERSIZE # of Loose Pcs. # of Pallets # of CTNS
SPECIAL