AIRBILL NUMBER		DATE		DECLARED VALUE	PREPAID	COLLECT	BILL TO				
ORIGIN	SERIAL NU	IMBER	MO, DAY, YR , ,								
			DESTINATION AIRPORT								
				C	C = 1 C	17. :		$- \Gamma$			
	SHIPPERS ACC	COUNT NO		$  \mathbf{SO} $	Cal S	hippi	ng		NI.		
SHIPPER							$\sim$	,			
NAME				12621 Cerise Avenue							
				Hawthorne, CA 90250							
				Office: 310.978.4370 Email: operations@socalshippingsolution.com							
								DIMENSIONAL WT			
STREET ADDRESS				It is mutually agreed that the shipment described herein is accepted in the			PCS	L	w	н	
	good order (except as noted) for carriage as										
				specified hereon, subject bill of lading.	t to governing tariffs in ef	fect on the date of this					
CITY/STATE/ZIP CODE				<b>RELEASED VALUE:</b> Rates and charcges covering the shipment described hereon are based on a released value of \$50 minimum or not to exceed \$.50 per pound. Likewise, SoCal Shipping liability for loss or							
					).00 for any shipment of 1 vs for a higher value. This						
	1			to related to the gross w	eight of each shipping pa	ckage separately. All					
000000055					bill of lading are subject i ve a chargeable weight eq						
CONSIGNEE				cubic foot or greater. Freight whose density is less than 6 pounds per cubic foot is subject to application of a dimensional weight factor of 194. <b>DECLARED VALUE:</b> The Shipper may increase SoCal Shipping liability							
NAME				by declaring a higher value on the face of the Bill of Lading and paying the additional charges. Declared value may not exceed actual value. c							
				Liability for complete lo.	ss or damage will the less	ser of the total declared					
				value or the total actual value. SoCal Shipping liability for partial loss or damage will be prorated based on the ratio of total declared value to							
STREET ADDRESS				actual value. (For example: Shipper tenders goods with a total actual value of \$20,000. Shipper declares and pays a value of \$10,000. Partial damage of \$8,000 = \$4,000). CLAIMS: Any claim for damages not noted on the delivery receipt must be submitted in writing to SoCal Shipping within 15 days of the delivery date. Any claim for damage noted on the delivery receipt must be submitted in writing within 270 days. No claim will be processed until all transportation charges have been paid. Claims			CUBIC WEIGHT				
CITY/STATE/ZIP CODE							RATE				
					Il transportation charges transportation charges.						
				submitted to SoCal Shipp	ping 12621 Cerise Ave Ho	wthorne, CA 90250.					
NOTE: The undersigned agrees to take immediate payment upon receipt of statement. In							FREIGHT CHARGES				
the event such payment is not made within 15 days after receipt of the original											
statement, it is agreed that SoCal Shipping. <b>may</b> immediately impose a LATE PAYMENT CHARGE at the rate of 1.5% per month (Annual Rate - 18%), or the											
maximum allowed by law, on the unpaid balance, and the reasonable cost of collection including attorney fees.							EXCESS VALUE				
conection including attorney lees.											
							OTHER				
ROUTING							OTHER				
REG TRK OTHER											
					oast Delive						
SHIPPER'S SIGNATURE		CARRI	R'S SIGNATURE	•	DATE	ТІМЕ	TOTAL CHARGES				
*		×									
NO GROSS	CHARGEABLE				INSTRUCTIONS TO C	ARRIER: Include Cust	omer Ref.	No. & Billi	ng Instruct	ions	
PCS WEIGHT	WEIGHT DESCRIPTION OF PACKING PRIC			ES AND CONTENTS							
	1 1				•						
CARRIER REMARKS				KS	4						
	$\vdash$				4						
CONSIGNEE'S SIGNATURE			DATE	TIME							
					J						