

FOR HELP IN CHEMICAL EMERGENCIES INVOLVING SPILL,LEAK, FIRE OR EXPOSURE
CALL CHEMTREC AT +1-800-424-9300 (CCN# 206487)

MEMORANDUM

Shipper's No. 36492

(Name of Carrier)

Shipped Date 1/30/26

To	From		888 Woodstock St. Georgetown, SC 29440
Consignee: BALM INDUSTRIES LIMITED Street: NAIROBI 74244-00200			Telephone: 843.546.8556 Fax: 843.546.0007
NAIROBI	ZIP: 74244-00200		

Customer Order No: E11893 BN 26/01 3V Order No: 40686 Vehicle No: Trailer No:

No. Shipping Units	HM	Kind of Packages, Description of Articles (If hazardous materials: Proper Shipping Name)	UM	Gross Weight (Subject to Correction)	Net Weight	Rate
16		CARDBOARD BOX LARGE EAGLE NMFC # 43955-8 Freight Class 85 POLYGEL HG 16 Box - LOT #1525P263 PO: E11893 BN 26/01 PLEASE DELIVER ON: 1/21/26 Carrier: AAA Tracking # 22892488-2 _____ Total Number of Pallets	KG	399.24	320.00	

Note: Where the rate is dependent on value: shippers are required to state specifically In writing the agreed or declared value of the property. The agreed or declared Value of the property is hereby specifically stated by the shipper to be not exceeding: \$ _____ Per _____	Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee Without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and All other lawful charges. X _____	Total Weight: <div style="border: 1px solid black; padding: 5px; display: inline-block; margin: 5px auto;">399.24</div>
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Remit C.O.D. TO: Address: _____ City: _____ State: _____ ZIP: _____	C.O.D. AMT.:\$ _____	C.O.D. Fee <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect \$ _____
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RECEIVED. Subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of package unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of a bill of lading terms and conditions in the governing classification on the date of this shipment. Shipper hereby certified that he is familiar with all of the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.	Freight Charges: EX-WORKS This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Per _____
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<div style="border: 1px solid black; padding: 2px; display: inline-block;">Placard</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Placard</div>	<input type="checkbox"/> YES <input type="checkbox"/> NO – Furnished by Carrier	Special Instructions:
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SHIPPER: 3V SIGMA USA INC. PER: DATE: 1/30/26	Driver's Signature: _____ CARRIER: PER: DATE:
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PACKING LIST

Shipper's No. 36492

(Name of Carrier)

Shipped Date 1/30/26

To	From		888 Woodstock St. Georgetown, SC 29440
Consignee: BALM INDUSTRIES LIMITED Street: NAIROBI 74244-00200			Telephone: 843.546.8556 Fax: 843.546.0007
NAIROBI	ZIP: 74244-00200		

Customer Order No: E11893 BN 26/01	3V Order No: 40686	Vehicle No:	Trailer No:
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No. Shipping Units	HM	Kind of Packages, Description of Articles (If hazardous materials: Proper Shipping Name)	UM	Gross Weight (Subject to Correction)	Net Weight	Rate
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Remit C.O.D. TO: Address: City: _____ State: _____ ZIP: _____	C.O.D. AMT.: \$ _____	C.O.D. Fee <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	\$ _____
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SHIPPER: 3V SIGMA USA INC. PER: DATE: 1/30/26	DRIVER'S SIGNATURE: _____ CARRIER: PER: DATE:
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