

Shipment Information



Ship To Information:	
Company Name: <u>Alliance</u>	Date Submitted: <u>04/24/23</u>
Street Address: <u>4951 NW 170th Street</u>	
City, State, Zip: <u>Trenton, Fl 32693-7859</u>	Employee Requesting: <u>Brock Over</u>
Contact Name: <u>MATT</u>	
Contact Phone: _____	
Contact Email: _____	Shipping Method: <u>LTL</u>
Notes: _____	

Shipment Details

Pieces(Per Skid)	Description	Total Weight(lbs)	L	W	H
1	5 Gearbox, Push/blocks	668	32	25	30
2					
3					
4					
5					
6					
7					
8					
9					
#					