

Bill Of Lading

Date: 2024/07/09						
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 unit 2, 6880 Columbus Rd Mississauga, ON L5T 2G1, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24070915110921 7XT61S6A, 8T4XNIDI, 49JRLBZB, 5W6889BL <div style="text-align: center; border: 1px solid black; padding: 5px;"> BAR CODE SPACE 30225293911 </div>					
SHIP TO Amazon Y001 789 Salem Rd N, Ajax, L1Z 0J2, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: _____ Seal number(s): SCAC: Pro number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> BAR CODE SPACE </div>					
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS:						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER 49JRLBZB, 7XT61S6A, 5W6889BL, 8T4XNIDI	SHIPMENT ID 30225293911	#PALLETs 5	#CARTONS 166	#EACHES 166	WEIGHT 2265.19 pounds	PALLET/SLIP Y N
GRAND TOTAL						
ADDITIONAL SHIPPER INFO						
CARRIER INFORMATION						
HANDLING UNIT QTY TYPE	PACKAGE QTY TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC item 360</small>	LTL ONLY NMFC# CLASS	
5	PALLETS	166	CARTONS	2265.1900LB	Desktop vinyl cutter	
GRAND TOTAL						
<small>Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"</small>				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).						
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
Shipper Signature _____						
SHIPPER SIGNATURE/DATE 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 DOT.		Trailer Loaded <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted</i>		