

Bill Of Lading

Date: 2024/09/24	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 160-2920 188th Street, Surrey, BC V3Z 0W5, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24092418907248 3JTQHHT0,1DCYMHME,4SNE1TCC <div style="text-align: center; border: 1px solid black; padding: 5px;"> BAR CODE SPACE 31787309361 </div>
SHIP TO Amazon YHM1 110 Aeropark Blvd, MOUNT HOPE, LOR 1W1, 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 3JTQHHT0, 4SNE1TCC, 1DCYMHME	SHIPMENT ID 31787309361
#PALLETS _____	#CARTONS 76
#EACHES 76	WEIGHT 381.53 pounds
PALLET/SLIP Y N	
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT QTY TYPE	PACKAGE QTY TYPE
WEIGHT 76	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>	
LED felt letter board	
GRAND TOTAL	
RECEIVING STAMP SPACE	
GRAND TOTAL	
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	
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 <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>	