

Bill Of Lading

Date: 2024/10/15	
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: MP24101520000049 1BTEF11B,1MKGDWVG BAR CODE SPACE 32220277171
SHIP TO Amazon YYC6 9705 68 ST SE, Calgary, T2C 5V8, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: _____ Seal number(s): SCAC: Pro number: _____ BAR CODE SPACE
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS:	
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER 1BTEF11B, 1MKGDWVG	SHIPMENT ID 32220277171
#PALLETS 2	#CARTONS 11
#EACHES 11	WEIGHT 770.72 pounds
PALLET/SLIP Y N	
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT QTY TYPE	PACKAGE QTY TYPE
WEIGHT 770.7200LB	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>	
Cake and Meat Display Refrigerator	
LTL ONLY NMFC# CLASS	
RECIEVING STAMP SPACE	
GRAND TOTAL	
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 _____"	
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>	