

Bill Of Lading

Date: 2024/06/25			
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 102-6791 Elmbridge Way, Richmond, BC V7C4N1, CA SID#: _____ FOB: <input type="checkbox"/>		Bill Of Lading Number: MP24062514450495 4ZBTDUFU BAR CODE SPACE 29966463931	
SHIP TO Amazon YGK1 640 COLLEGE ST E, BELLEVILLE, K8N 0V2, 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:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect YES 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading with attached <input type="checkbox"/> underlying Bills of Lading	
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS
42ZBTDUFU	29966463931	2	49
			#EACHES
			49
			WEIGHT
			1502.03 pounds
			PALLET/SLIP
			Y N
GRAND TOTAL		ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	H.M.
QTY	TYPE	QTY	(X)
2	PALLETS	49	CARTONS
		1502.0300LB	
			COMMODITY DESCRIPTION
			Multilayer Moving Blanket
			<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
			RECEIVING 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).		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
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 _____	
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.		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. Property described above is received in good order, except as noted	
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	