Bill Of Lading

| Date | : 20 | 024/0 | | | | | | | | | | | | | | |
|--|--|---|---------------------------------------|--------------------------|-------------------|---------------------------------|--|--|---|----------|--|-----------------------------|--------|---------|----------------------|--|
| SHIP FROM | | | | | | | | | Bill Of Lading Number:MP24071615431432 | | | | | | | |
| VEVOR VEVOR CA, +86 166 0183 9140 unit 2, 6880 Columbus Rd Mississauga, ON LST 2C1. CA | | | | | | | | | BAR CODE SPACE 30337314581 | | | | | | | |
| SID#: | ., | | | | | E/ | DB∵□ | CARRIER | NA | ME: | | | | | | |
| SHIP TO | | | | | | | | | mbe | er: | | | | | | |
| Amazor 6351 St Scarbor M1X 1N | | Seal number(s): SCAC: Pro number: | | | | | | | | | | | | | | |
| CID#: FOB:□ | | | | | | | | | | F | SAR CO | DE SPA | CF | | | |
| | THIRD PA | RTY F | REIGH | T CHAR | GES B | ILL 1 | го: | | | - | ,AIC 00 | DLOIA | 0_ | | | |
| Name: | | | | | | | | | | | | | | | | |
| Address: City/State/Zip: | | | | | | | | | Freight Charge Terms:(freight charges are prepaid unless marked otherwise) Prepaid Collect YES 3 rd Party | | | | | | | |
| SPECIAL INSTRUCTIONS: | | | | | | | | | | | | | | | | |
| | | Ľ | ☐ Master Bill of Lading with attached | | | | | | | | | | | | | |
| | | | | | | | | <u> </u> | | | ınderlyi | ng Bills o | f Ladi | ng | | |
| | | | | | | | | ER INFOR | | | | | | | | |
| ORDER NUMBER | | | | 14581 | 7 #1 | ALLEIS | #CARTO | NS | | CHES | WEIGI | | | ET/SLIP | | |
| | | 21 | | 2 | | 393.16 pc | ounds | Υ | N | | | | | | | |
| GRAN | D TOTAL | | | | | | | ADDITION | | SHIPPI | ER INFO |) | | | | |
| | | | 01/105 | | OUT. | H.M. | | NFORMATIC | | IDTIOL | | | T. A. | | | |
| | | | | | | H.M. (X) | | ODITY DESCRIPTION s requiring special or additional care or | | | NMEC# CLASS | | | | | |
| QIT | ITPE | | | | | (^) | attention in and packa ordinary o | handling or stowing must be so marker ged as to ensure safe transportation wit are. See Section2(e) of NMFC Item 360 | | | | NWIFC | # | | CLASS | |
| | | 21 | CARTO | NS 393.1 | 600LB | | Hydraulic Ste | ering Gear | | | _ | | | _ | | |
| | | | | | | | | | | | | | | | ECIEVING MP SPACE | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | G | RAND T | OΤ | AL | | | | | | |
| property a exceeding | | eed or de | clared value | e of the prop | erty is spe | ecifically | Fee Terms: Collect: Prepaid Customer check acceptable: | | | | | | | | | |
| | | oplicable. Se | | | 4706(c)(1 | (A) and (E) | 3). | | | | | | | | | |
| agreed the rate | /ED, subject t upon in writing s, classification ilable to the sl | betwe | en the c | arrier and at have be | shippe en esta | r, if ap ablish | pplicable, of ed by the ca | herwise to arrier and | | | | ake delive dall other la | | | ent without | |
| regulation | | ppei, i | or reque | o, and the | an app | cauli | o otate allu | roseiai | Ship | per Sigr | nature_ | | | | | |
| SHIPPER SIGNATURE/DATE Trailer Loaded | | | | | | | | Freight C | Freight Counted CARRIER SIGNATURE / PICI | | | | | | CKUP | |
| This is to certify that the above named By Shipper | | | | | | | | ☐ By Shipper | | | DATE | | | | | |
| materials are properly classified, described, | | | | | | | | ☐ By Driv | | | Carrier acknowledges receipt of packages and | | | | | |
| proper o | ed, marked ar condition for tr | ansport | tation ac | cording to | | DIIV | ei | said to contain | | | required placards.Carrier certifies emergency response information was made available and/ | | | | | |
| the applicable regulations of the DOT. | | | | | | | | ☐ By Driver/Pieces | | | 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 | | | | | |