

Bill Of Lading

Date: 2024/03/28	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 220 Industrial Boulevard, Boucherville, QC J4B 2X4, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24032610023000 7HRKGH8J BAR CODE SPACE 28285105811
SHIP TO Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: DAY & ROSS INC Trailer number: _____ Seal number(s): SCAC: DAYR 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 underlying Bills of Lading <input type="checkbox"/>
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	SHIPMENT ID
7HRKGH8J	28285105811
#PALLETS	#CARTONS
1	1
#EACHES	WEIGHT
1	47.84 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE QTY TYPE	WEIGHT H.M. COMMODITY DESCRIPTION
(X)	LTL ONLY
NMFC#	CLASS
1	CARTONS 47.8400LB
Three side welding shield	RECIEIVING 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 _____"	
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/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. Property described above is received in good order, except as noted	
COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	