

Bill Of Lading

Date: 2024/08/29	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 unit 2, 6880 Columbus Rd Mississauga, ON L5T 2G1, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24082717544951 STBRCSTO BAR CODE SPACE 31132158471
SHIP TO Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: SPEEDY TRANSPORT GROUP INC Trailer number: _____
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____	Seal number(s): _____ SCAC: SZTG Pro number: _____ BAR CODE SPACE
SPECIAL INSTRUCTIONS: _____	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect YES 3 rd Party _____
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER 8TBRC8TO	SHIPMENT ID 31132158471
#PALLETS 1	#CARTONS 1
#EACHES 1	WEIGHT 8.71 pounds
PALLET/SLIP Y N	
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT QTY TYPE QTY TYPE	COMMODITY DESCRIPTION H.M. (X)
1 CARTONS	8.7100LB
Electric Warming Trays with Pan	
GRAND TOTAL	
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. Property described above is received in good order, except as noted