

Bill Of Lading

Date: 2024/04/11 <div style="text-align: center;">SHIP FROM</div> 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: MP24040910581380 <small>2SVAE6JP,5CTS03VU</small> <div style="text-align: center;">BAR CODE SPACE</div> 28513389501					
<div style="text-align: center;">SHIP TO</div> Amazon YVR3 109 Braid Street, New Westminster, V3L5H4, CA CID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: CEVA LOGISTICS Trailer number: _____ Seal number(s): SCAC: CEVA Pro number: _____ <div style="text-align: center;">BAR CODE SPACE</div>					
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: _____		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect YES <input checked="" type="checkbox"/> 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	#EACHES	WEIGHT	PALLET/SLIP
5CTSO3VU, 2SVAE6JP		28513389501		21	21	381.48 pounds	Y N
GRAND TOTAL				ADDITIONAL SHIPPER INFO			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE			NMFCA#	CLASS
		21	CARTONS	381.4800LB		Electric Scissor Jack Kit	
GRAND TOTAL							
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or if 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				Trailer Loaded	Freight Counted	CARRIER SIGNATURE / PICKUP 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.				<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces	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	