

Bill Of Lading

Date: 2024/07/16	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24071615431390 3LA565OI BAR CODE SPACE 30337449471
SHIP TO Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, 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:	
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	SHIPMENT ID
3LA565OI	30337449471
#PALLETS	#CARTONS
32	32
#EACHES	WEIGHT
32	566.84 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
32	CARTONS
WEIGHT	H.M.
566.8400LB	(X)
COMMODITY DESCRIPTION	
Ice breaker	
LTL ONLY	
NMFC#	CLASS
GRAND TOTAL	
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 _____"	
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