

Bill Of Lading

Date: 2024/10/29	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24102920702406 4VMLX3PV, 7TCXTBNV, 2ZKF9T9T <div style="text-align: center;">BAR CODE SPACE 32515413841</div>
SHIP TO Amazon YVR3 109 Braid Street, New Westminster, V3L5H4, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: _____ Seal number(s): SCAC: Pro number: _____ <div style="text-align: center;">BAR CODE SPACE</div>
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS:	
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	SHIPMENT ID
7TCXTBNV, 4VMLX3PV, 2ZKF9T9T	32515413841
#PALLETS	#CARTONS
3	91
#EACHES	WEIGHT
91	1714.01 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
3	91
PALLETS	CARTONS
WEIGHT	H.M.
1714.0100LB	(X)
COMMODITY DESCRIPTION	
Chain Wrench	
LTL ONLY	
NMFC#	CLASS
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	
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 <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. <i>Property described above is received in good order, except as noted</i>	