

## Bill Of Lading

<b>Date:</b> 2024/11/21 <div style="text-align: center;"><b>SHIP FROM</b></div> VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA SID#: _____ FOB: <input type="checkbox"/>		<b>Bill Of Lading Number:</b> MP24111921865701 54F36YFH  <div style="text-align: right;"><b>BAR CODE SPACE</b> 32905426741</div>				
<div style="text-align: center;"><b>SHIP TO</b></div> Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA CID#: _____ FOB: <input type="checkbox"/>		<b>CARRIER NAME:</b> CEVA LOGISTICS <b>Trailer number:</b> _____  <b>Seal number(s):</b> _____ <b>SCAC:</b> CEVA <b>Pro number:</b> _____  <div style="text-align: right;"><b>BAR CODE SPACE</b></div>				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  <b>Name:</b> _____ <b>Address:</b> _____  <b>City/State/Zip:</b> _____ <b>SPECIAL INSTRUCTIONS:</b> _____		<b>Freight Charge Terms:</b> <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect YES    3 <sup>rd</sup> 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
54F36YFH	32905426741		1	1	14.77 pounds	Y   N
GRAND TOTAL				ADDITIONAL SHIPPER INFO		
CARRIER INFORMATION						
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC#	CLASS
	1	CARTONS	14.7700LB	Manual Type		
<b>GRAND TOTAL</b>						
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or all the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____"				<b>COD Amount: \$</b> _____ 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 _____		
<b>SHIPPER SIGNATURE/DATE</b> 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.				<b>Trailer Loaded</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces
				<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>		