

Bill Of Lading

Date: 2024/12/12	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 2300 rue de la Province, Longueuil, QC J4G 1G1, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24121023379796 2APXCRUD BAR CODE SPACE 33342492851 CARRIER NAME: DAY & ROSS INC Trailer number: _____
SHIP TO Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA CID#: _____ FOB: <input type="checkbox"/>	Seal number(s): SCAC: DAYR 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
2APXCRUD	33342492851
#PALLETS	#CARTONS
1	1
#EACHES	WEIGHT
1	4.85 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
1	CARTONS
4.8500LB	Silicone body exercise model
H.M. (X)	COMMODITY DESCRIPTION
(X)	* Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section(s) of NMFC Item 360
LTL ONLY	NMFC# CLASS
RECEIVING	STAMP SPACE
GRAND TOTAL	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	