

Bill Of Lading

Date: 2024/03/28	
SHIP FROM 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: MP24032610022267 7C2U72DQ,782C4UDE BAR CODE SPACE 28294418631
SHIP TO Amazon YGK1 640 COLLEGE ST E, BELLEVILLE, K8N 0V2, CA CID#: FOB: <input type="checkbox"/>	CARRIER NAME: HUNT, J B TRANSPORT INC Trailer number:
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS:	Seal number(s): SCAC: HJBT Pro number: BAR CODE SPACE
Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect YES 3 rd Party _____	
<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	SHIPMENT ID
782C4UDE, 7C2U72DQ	28294418631
#PALLETS	#CARTONS
10	120
#EACHES	WEIGHT
120	9353.27 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
10	120
PALLETS	CARTONS
WEIGHT	H.M.
9353.2700LB	(X)
COMMODITY DESCRIPTION	
Instant Garage without Sidewalls&Doors	
LTL ONLY	
NMFC#	CLASS
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 _____"	
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).	
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	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.	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
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