

Bill Of Lading

Date: 2024/11/05																							
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: MP24110521069319 <small>SIMS AEQS, 5HZDQLWK, 69J17FAY, 7UO2JQP</small> BAR CODE SPACE 32645752361																						
SHIP TO Amazon XCAB 1882 118 Avenue NE, Calgary, AB T3K 0R1, 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																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>CUSTOMER ORDER NUMBER</th> <th>SHIPMENT ID</th> <th>#PALLETS</th> <th>#CARTONS</th> <th>#EACHES</th> <th>WEIGHT</th> <th colspan="2">PALLET/SLIP</th> </tr> <tr> <td>5HZDQLWK, 69J17FAY, 7UO2JQP, SIMSAEQS</td> <td>32645752361</td> <td>2</td> <td>68</td> <td>68</td> <td>1153.96 pounds</td> <td>Y</td> <td>N</td> </tr> </table>	CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP		5HZDQLWK, 69J17FAY, 7UO2JQP, SIMSAEQS	32645752361	2	68	68	1153.96 pounds	Y	N							
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GRAND TOTAL								ADDITIONAL SHIPPER INFO															
CARRIER INFORMATION																							
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION		LTl ONLY															
QTY	TYPE	QTY	TYPE		(X)			NMFC#	CLASS														
2	PALLETS	68	CARTONS	1153.9600LB		Manual Horizontal Stainless Steel Sausage																	
RECEIVING																							
STAMP SPACE																							
GRAND TOTAL																							
<small>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 _____"</small>						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.																							
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. <i>Property described above is received in good order, except as noted</i>													