

Bill Of Lading

Date: 2024/08/20				SHIP FROM				Bill Of Lading Number: MP24082017185301 1IUOY2FI				
VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA SID#: _____ FOB: <input type="checkbox"/>								BAR CODE SPACE 30987092471				
SHIP TO								CARRIER NAME: Trailer number:				
Amazon YYC6 9705 68 ST SE, Calgary, T2C 5V8, CA CID#: _____ FOB: <input type="checkbox"/>								Seal number(s): SCAC: Pro number:				
THIRD PARTY FREIGHT CHARGES BILL TO:								BAR CODE SPACE				
Name: Address:								Freight Charge Terms: (freight charges are prepaid unless marked otherwise)				
City/State/Zip: SPECIAL INSTRUCTIONS:								Prepaid _____ Collect YES 3rd Party _____				
								<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading				
CUSTOMER ORDER INFORMATION												
CUSTOMER ORDER NUMBER			SHIPMENT ID		#PALLETS		#CARTONS		#EACHES		WEIGHT	
1IUOY2FI			30987092471		2		18		18		1378.23 pounds	
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	18	CARTONS	1378.2300LB		Straight loading Ramps						
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 shipment is specifically stated by the shipper to be not exceeding _____ per _____ *						COD Amount: \$ _____						
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).						Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>						
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/DATE						Shipper Signature _____						
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						