

Bill Of Lading

Date: 2024/10/08 <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA SID#: _____ FOB: <input type="checkbox"/> </div> <div style="width: 45%;"> SHIP TO Amazon YXU1 11884 Sunset Rd, St Thomas, N5P 0G9, CA CID#: _____ FOB: <input type="checkbox"/> </div> </div> THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: _____		Bill Of Lading Number: MP24100819595047 <small>3SFMA3KT,6VYIRCCX</small> <div style="text-align: center;"> BAR CODE SPACE 32049236991 </div> CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____ <div style="text-align: center;"> BAR CODE SPACE </div> Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect YES 3rd Party _____ <input type="checkbox"/> Master Bill of Lading with attached <input type="checkbox"/> underlying Bills of Lading					
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER 6VYIRCCX, 3SFMA3KT	SHIPMENT ID 32049236991	#PALLETS 	#CARTONS 53	#EACHES 53	WEIGHT 495.34 pounds	PALLET/SLIP Y N	
GRAND TOTAL		ADDITIONAL SHIPPER INFO					
CARRIER INFORMATION							
HANDLING UNIT QTY TYPE	PACKAGE QTY TYPE	WEIGHT 	H.M. (X)	COMMODITY DESCRIPTION <small>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 Section2(e) of NMFC Item 360</small>	LTL ONLY NMFC#	CLASS	
	53 CARTONS	495.3400LB		Two legged floor standing Safety Rails			
GRAND TOTAL							
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				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/> 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. <i>Property described above is received in good order, except as noted</i>