

## Bill Of Lading

<b>Date:</b> 2024/10/15									
<b>SHIP FROM</b>				<b>Bill Of Lading Number:</b> MP24101520000092 2R8IGOZZ,5ALAFTEL,ICAA06FN,2YGJ1PER SHY7JAIP  <div style="text-align:right; padding-right: 50px;"><b>BAR CODE SPACE</b> 3220220781</div>					
VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA									
SID#:								FOB: <input type="checkbox"/>	
<b>SHIP TO</b>									
Amazon YOO1 789 Salem Rd N, Ajax, L1Z 0J2, CA				<b>CARRIER NAME:</b> Trailer number:  <b>Seal number(s):</b> <b>SCAC:</b> <b>Pro number:</b> <div style="float:right; width: 100px;">BAR CODE SPACE</div>					
CID#:								FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>									
Name: Address:									
City/State/Zip:				Freight Charge Terms:(freight charges are prepaid unless marked otherwise)					
<b>SPECIAL INSTRUCTIONS:</b>				Prepaid          Collect YES    3 <sup>rd</sup> 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	PALLET/SPLIT		
2YGJ1PER, 2R8IGOZZ, 8HY7JAIP, 1CAA06FN, 5ALAF7EI		3220220781	3	116	116	1545.98 pounds	Y     N		
<b>GRAND TOTAL</b>				<b>ADDITIONAL SHIPPER INFO</b>					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY NMFC# CLASS		
QTY	TYPE	QTY	TYPE						
3	PALLETS	116	CARTONS	1545.9800LB	basketball rim				
							RECEIVING STAMP SPACE		
<b>GRAND TOTAL</b>									
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 _____"						<b>COD Amount: \$</b>			
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 checked="" 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.			
<b>SHIPPER SIGNATURE/DATE</b>  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.						Shipper Signature _____			
						<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.			
<b>Shipment Loaded</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.					