

Bill Of Lading

Date: 2024/03/28 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA SID#: _____ FOB: <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> SHIP TO Amazon YYC6 9705 68 ST SE, Calgary, T2C 5V8, CA CID#: _____ FOB: <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: _____ </div>		Bill of Lading Number: MP24032610022203 373ORO2O <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> BAR CODE SPACE 28294418471 </div> CARRIER NAME: ABF FREIGHT SYSTEM INC Trailer number: _____ Seal number(s): _____ SCAC: ABFS Pro number: _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px; text-align: center;"> BAR CODE SPACE </div> Freight Charge Terms: (freight charges are prepaid unless marked otherwise) 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 373ORO2O	SHIPMENT ID 28294418471	#PALLETS 3	#CARTONS 46	#EACHES 46	WEIGHT 2883.24 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 Section 2(e) of NMFC Item 360</small>	LTL ONLY NMFC#	CLASS
3	PALLETS	46	CARTONS	2883.2400LB	PVC dancing Flooring	
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).				The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
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 _____		
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>						