

Bill Of Lading

Date: 2024/07/16	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA SID#:	Bill Of Lading Number: MP24071615431386 63815Y9Z,12QPHIYC,4AZ4P4IR,2WDIIX6U 8OW8O6PV BAR CODE SPACE 30337468091
SHIP TO Amazon YYZ4 8050 Heritage Road, Brampton, L6Y 0C9 , CA CID#:	CARRIER NAME: Trailer number: Seal number(s): SCAC: Pro number:
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS:	BAR CODE SPACE Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid Collect YES 3 rd Party <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	SHIPMENT ID
63815Y9Z, 4AZ4P4IR, 12QPHIYC, 8OW8O6PV, 2WDIIX6U	30337468091
#PALLETS	#CARTONS
	129
#EACHES	WEIGHT
129	836.94 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
129	CARTONS
WEIGHT	H.M.
836.9400LB	(X)
COMMODITY DESCRIPTION	
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(a) of NMFC item 360	
Foldable camping table	
LTL ONLY	
NMFC#	CLASS
GRAND TOTAL	
RECEIVING	
STAMP SPACE	
GRAND TOTAL	
When 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.	