

# Bill Of Lading

<b>Date:</b> 2024/10/15	
<b>SHIP FROM</b> VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA <b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>	<b>Bill Of Lading Number:</b> MP2410152000098 124DT2ZB,853ES4BC,2WVJKDZF,34I72WQV <div style="text-align: center;"><b>BAR CODE SPACE</b> 32226080961</div>
<b>SHIP TO</b> Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA <b>CID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>	<b>CARRIER NAME:</b> Trailer number: _____ <b>Seal number(s):</b> <b>SCAC:</b> <b>Pro number:</b> <div style="text-align: center;">BAR CODE SPACE</div>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> <b>Name:</b> <b>Address:</b>  <b>City/State/Zip:</b> <b>SPECIAL INSTRUCTIONS:</b>	
<b>CUSTOMER ORDER INFORMATION</b>	
<b>CUSTOMER ORDER NUMBER</b>	<b>SHIPMENT ID</b>
2WWWJKDZF, 124DT2ZB, 34I72WQV, 853ES4BC	32226080961
<b>#PALLETS</b>	<b>#CARTONS</b>
4	148
<b>#EACHES</b>	<b>WEIGHT</b>
148	2721.63 pounds
<b>PALLET/SLIP</b>	<b>Y</b> <b>N</b>
Y	N
<b>GRAND TOTAL</b>	
<b>ADDITIONAL SHIPPER INFO</b>	
<b>CARRIER INFORMATION</b>	
<b>HANDLING UNIT</b>	<b>PACKAGE</b>
<b>QTY</b> <b>TYPE</b>	<b>QTY</b> <b>TYPE</b>
4	PALLETS
148	CARTONS
2721.6300LB	H.M. (X)
Sand anchor	<b>COMMODITY DESCRIPTION</b>
<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(s) of NMFC item 360</small>	
<b>LTL ONLY</b>	
<b>NMFC#</b>	<b>CLASS</b>
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>NOTE</b> 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 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____	
<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. <b>Trailer 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 <input type="checkbox"/> 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. <i>Property described above is received in good order, except as noted</i>	