

Bill Of Lading

Date: 2024/10/08						
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24100819595056 87T59ARM,1XHD8X9G,5W5BQ6XX,130SE1JT <div style="text-align: center; border: 1px solid black; padding: 5px;"> BAR CODE SPACE 32049405941 </div>					
SHIP TO Amazon YYC6 9705 68 ST SE, Calgary, T2C 5V8, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: _____ Seal number(s): SCAC: Pro number: <div style="text-align: center; border: 1px solid black; padding: 5px;"> BAR CODE SPACE </div>					
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS:						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER 130SE1JT, 87T59ARM, 1XHD8X9G, 5W5BQ6XX	SHIPMENT ID 32049405941	#PALLETES 3	#CARTONS 26	#EACHES 26	WEIGHT 2029.47 pounds	PALLET/SLIP Y N
GRAND TOTAL						
ADDITIONAL SHIPPER INFO						
CARRIER INFORMATION						
HANDLING UNIT	PACKAGE	WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE		NMFC#	CLASS
3	PALLETS	26	CARTONS	2029.4700LB Straight loading Ramps		
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).						
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 _____		
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>