

Bill Of Lading

Date: 2024/10/29 <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA SID#: _____ FOB: <input type="checkbox"/> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> SHIP TO Amazon YYZ4 8050 Heritage Road, Brampton, L6Y 0C9, 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: MP24102920702401 2BM44BAA,4S9VDLNY,2RAO736J,4JHAXX4E 5NRA5ISL <div style="text-align: center; margin-top: 10px;"> BAR CODE SPACE 32519211201 </div> CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ SCAC: _____ Pro number: _____ <div style="text-align: center; margin-top: 10px;"> BAR CODE SPACE </div> Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> 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 2BM44BAA, 2RAO736J, 5NRA5ISL, 4JHAXX4E, 4S9VDLNY		SHIPMENT ID 32519211201	#PALLETS 2	#CARTONS 129	#EACHES 129	WEIGHT 1108.64 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 Section2(e) of NMFC Item 360</small>	LTL ONLY NMFC# CLASS	
2	PALLETS	129	CARTONS	1108.6400LB		tomato slicer		
				GRAND TOTAL				
<small>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 _____"</small>						COD Amount: \$ _____		
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 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.		
						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.