

Bill Of Lading

Date: 2024/09/24	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 160-2920 188th Street, Surrey, BC V3Z 0W5, CA SID#:	Bill Of Lading Number: MP24092418907243 1OLUWXT,8BP8GFEV,80MZLS8A,2K2O9MXT 5JVM4ACJ,6H767FFL BAR CODE SPACE 31792185661
SHIP TO Amazon YVR3 109 Braid Street, New Westminster, V3L5H4, 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 <input type="checkbox"/> underlying Bills of Lading
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	SHIPMENT ID
5JVM4ACJ, 80MZLS8A, 2K2O9MXT, 1OLUWXT, 8BP8GFEV, 6H767FFL	31792185661
#PALLETS	#CARTONS
8	245
#EACHES	WEIGHT
245	5746.41 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
8	245
PALLETS	CARTONS
WEIGHT	H.M.
5746.410LB	(X)
COMMODITY DESCRIPTION	
RV Water Softener	
LTL ONLY	
NMFC#	CLASS
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: \$ _____ <small>Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></small>	
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.	