

Bill Of Lading

Date: 2024/08/22	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA SID#: FOB:<input type="checkbox"/>	Bill Of Lading Number: MP24082017185861 13QTZE4P BAR CODE SPACE 30986307201 CARRIER NAME: CEVA LOGISTICS Trailer number:
SHIP TO Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA CID#: FOB:<input type="checkbox"/>	Seal number(s): SCAC: CEVA Pro number: BAR CODE SPACE
THIRD PARTY FREIGHT CHARGES BILL TO:	
Name: Address: City/State/Zip: SPECIAL INSTRUCTIONS:	
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 13QTZE4P	SHIPMENT ID 30986307201
#PALLETS 1	#CARTONS 1
#EACHES 27.56 pounds	WEIGHT Y N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT QTY TYPE QTY TYPE	PACKAGE 1 CARTONS
WEIGHT 27.5600LB	H.M. (X)
COMMODITY DESCRIPTION V Head Pipe Stand with Quick-Lock Washer	
LTL ONLY NMFC# CLASS	
RECEIVING STAMP SPACE	
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 _____" 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 _____	
COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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. Property described above is received in good order, except as noted