

Bill Of Lading

Date: 2024/10/08									
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 160-2920 188th Street, Surrey, BC V3Z 0W5, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24100819594477 SM1GLD3V,4QU7MDBW,83WCFIFS,38YPMLZG <p style="text-align: center;">BAR CODE SPACE 32048936011</p>								
SHIP TO Amazon YVR3 109 Braid Street, New Westminster, V3L5H4, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: Seal number(s): SCAC: Pro number: <p style="text-align: center;">BAR CODE SPACE</p>								
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 underlying Bills of Lading <input type="checkbox"/>								
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP			
83WCFIFS, 38YPMLZG, 4QU7MDBW, 8M1GLD3V	32048936011	2	72	72	1652.79 pounds	Y N			
GRAND TOTAL		ADDITIONAL SHIPPER INFO							
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION	LTN ONLY		
QTY	TYPE	QTY	TYPE		(X)		NMFC#	CLASS	
2	PALLETS	72	CARTONS	1652.7900LB		Side Mount Ball Bearing Glides Runners			
GRAND TOTAL							RECEIVING STAMP SPACE		
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.									
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>									