

Bill Of Lading

Date: 2024/04/02		Bill Of Lading Number: MP24040210300851 <small>68S7UOIW</small>							
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA		BAR CODE SPACE 28410995731							
SHIP TO Amazon Y001 789 Salem Rd N, Ajax, L1Z 0J2, CA		CARRIER NAME: Trailer number:							
CID#: <input type="checkbox"/> FOB#:		Seal number(s): SCAC: Pro number:							
THIRD PARTY FREIGHT CHARGES BILL TO:		BAR CODE SPACE							
Name: Address:		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>							
City/State/Zip:		Prepaid _____ Collect YES 3 rd Party _____							
SPECIAL INSTRUCTIONS:		<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		
68S7UOIW		28410995731		78	78	1505.1 pounds	Y N		
GRAND TOTAL				ADDITIONAL SHIPPER INFO					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE		(X)			NMFC#	CLASS
2	PALLETS	78	CARTONS	1505.1000LB		Jumping Stool <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 Section(s) of NMFC Item 360)</small>			
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).						RECEIVING STAMP SPACE			
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/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>			