

Bill Of Lading

Date: 2024/10/29		Bill Of Lading Number: MP24102920702397 1MO7JF7D, 3OJ9V6ZR, 3PO8V14X					
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA		BAR CODE SPACE 32515581771					
SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: Trailer number: _____					
SHIP TO Amazon YYZ3 7995 Winston Churchill Blvd., Brampton, L6Y 5Z4, CA		Seal number(s): SCAC: Pro number: _____					
CID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE					
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
Name: Address:		Prepaid _____ Collect YES 3 rd Party _____					
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading with attached					
SPECIAL INSTRUCTIONS:		<input type="checkbox"/> underlying Bills of Lading					
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP
3OJ9V6ZR, 1MO7JF7D, 3PO8V14X		32515581771	2	112	112	1403.76 pounds	Y N
GRAND TOTAL				ADDITIONAL SHIPPER INFO			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTN ONLY
QTY	TYPE	QTY	TYPE				NMFC# CLASS
2	PALLETS	112	CARTONS	1403.7600LB		Notwoverns	
							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 _____"						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						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. <i>Property described above is received in good order, except as noted</i>	