

Bill Of Lading

Date: 2024/10/24									
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: MP24102220355341 <small>7VDLMLXZ,SYNNSW7L,57H6PRJT</small> BAR CODE SPACE 32367159571								
SHIP TO Amazon YVR3 109 Braid Street, New Westminster, V3L5H4, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: CEVA LOGISTICS Trailer number: _____ Seal number(s): SCAC: CEVA Pro number: _____ BAR CODE SPACE								
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____	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			
57H6PRJT, 8YNN8W7L, 7VDLMLXZ	32367159571		27	27	907.07 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)	(X)	COMMODITY DESCRIPTION	NMFC#	CLASS	
		27	CARTONS	907.0700LB		Magnetic Drill Press			
							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.									
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>									