

Bill Of Lading

Date: 2024/09/26									
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: MP24092418907196 6SLHXV1A,1ROTUHQ,3A161R1J <p style="text-align: center;">BAR CODE SPACE 31792185381</p>								
SHIP TO Amazon YYZ7 12724 Coleraine Drive, Bolton, L7E 4L8, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: CEVA LOGISTICS Trailer number: _____ Seal number(s): _____ SCAC: CEVA Pro number: _____ <p style="text-align: center;">BAR CODE SPACE</p>								
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			
6SLHXV1A, 3A161R1J, 1ROTUHQ	31792185381		24	24	141.23 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	
		24	CARTONS	141.2300LB		Restaurant Pager			
							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/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.						Shipper Signature _____ 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>			