

# Bill Of Lading

<b>Date:</b> 2024/12/10		<b>Bill Of Lading Number:</b> MP24121023379776 7K6PHG7M,7KHD TTJS,3EKOGAMN	
<b>SHIP FROM</b> VEVOR VEVOR CA, +86 166 0183 9140 160-2920 188th Street, Surrey, BC Y3Z 0W5, CA		BAR CODE SPACE 33342545931	
<b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>		<b>CARRIER NAME:</b> _____ <b>Trailer number:</b> _____	
<b>SHIP TO</b> Amazon YYZ4 8050 Heritage Road, Brampton, L6Y 0C9, CA		<b>Seal number(s):</b> _____ <b>SCAC:</b> _____ <b>Pro number:</b> _____ BAR CODE SPACE	
<b>CID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect YES 3 <sup>rd</sup> Party _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<input type="checkbox"/> <b>Master Bill of Lading with attached</b>	
<b>Name:</b> _____ <b>Address:</b> _____		<input type="checkbox"/> <b>underlying Bills of Lading</b>	
<b>City/State/Zip:</b> _____			
<b>SPECIAL INSTRUCTIONS:</b>			
<b>CUSTOMER ORDER INFORMATION</b>			
<b>CUSTOMER ORDER NUMBER</b>	<b>SHIPMENT ID</b>	<b>#PALLETS</b>	<b>#CARTONS</b>
7K6PHG7M, 7KHD TTJS, 3EKOGAMN	33342545931		76
<b>#EACHES</b>	<b>WEIGHT</b>	<b>PALLET/SLIP</b>	<b>Y</b>
76	420.32 pounds	N	N
<b>GRAND TOTAL</b>		<b>ADDITIONAL SHIPPER INFO</b>	
<b>CARRIER INFORMATION</b>			
<b>HANDLING UNIT</b>	<b>PACKAGE</b>	<b>WEIGHT</b>	<b>H.M.</b>
<b>QTY</b>	<b>TYPE</b>	<b>(X)</b>	<b>COMMODITY DESCRIPTION</b>
76	CARTONS	420.3200LB	Special Tool For Crankcase Separator
			<small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged so to ensure safe transportation with ordinary care. See Section(2)(a) of NMFC item 360</small>
		<b>LT L ONLY</b>	<b>NMFC#</b>
		<b>CLASS</b>	<b>RECEIVING STAMP SPACE</b>
		<b>GRAND TOTAL</b>	<b>GRAND TOTAL</b>
<small>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 _____"</small>		<b>COD Amount: \$</b> _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
<small>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</small>		<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>	
<b>SHIPPER SIGNATURE/DATE</b> 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.		<b>Shipper Signature</b> _____	
<b>Trailer Loaded</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>	