

Bill Of Lading

Date: 2024/11/28		SHIP FROM		Bill Of Lading Number: MP24112622331540 SVVN024E					
VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA		SID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE 33056857991					
SHIP TO		CARRIER NAME: CEVA LOGISTICS		Trailer number:					
Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA		CID#: _____ FOB: <input type="checkbox"/>		Seal number(s): SCAC: CEVA Pro number: BAR CODE SPACE					
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)							
Name: Address: City/State/Zip:		Prepaid _____ Collect YES 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading with attached <input type="checkbox"/> underlying Bills of Lading							
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP		
8VVNO24E		33056857991		1	1	16.09 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)	<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>		NMFC#	CLASS
		1	CARTONS	16.0900LB		Chair Covers			
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: \$			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).						Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
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						SHIPPER SIGNATURE			
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.						Carrier 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. Property described above is received in good order, except as noted			