

Bill Of Lading

Date: 2024/12/06	
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: MP24120423017683 6LNEA7EZ BAR CODE SPACE 33228383431
SHIP TO Amazon YGK1 640 COLLEGE ST E, BELLEVILLE, K8N 0V2, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: ABF FREIGHT SYSTEM INC Trailer number: _____ Seal number(s): SCAC: ABFS 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 <input type="checkbox"/> underlying Bills of Lading
CUSTOMER ORDER INFORMATION	
CUSTOMER ORDER NUMBER	SHIPMENT ID
6LNEA7EZ	33228383431
#PALLETS	#CARTONS
7	7
#EACHES	WEIGHT
7	471.07 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
7	CARTONS
WEIGHT	H.M.
471.0700LB	(X)
COMMODITY DESCRIPTION	
commercial cube ice machine	
<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 2(a) of NMFC Item 360)</small>	
LTL ONLY	
NMFC#	CLASS
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. Property described above is received in good order, except as noted