

# Bill Of Lading

<b>Date:</b> 2024/11/28		<b>SHIP FROM</b>		<b>Bill Of Lading Number:</b> MP24112622331539 80173WPZ							
VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA		SID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE 33056795881							
<b>SHIP TO</b>		Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA		<b>CARRIER NAME:</b> CEVA LOGISTICS <b>Trailer number:</b> _____							
CID#: _____ FOB: <input type="checkbox"/>		<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Seal number(s):</b> SCAC: CEVA <b>Pro number:</b>  BAR CODE SPACE							
<b>Name:</b> <b>Address:</b>				<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)							
<b>City/State/Zip:</b>				Prepaid _____ Collect YES 3 <sup>rd</sup> Party _____							
<b>SPECIAL INSTRUCTIONS:</b>				<input type="checkbox"/> <b>Master Bill of Lading with attached underlying Bills of Lading</b>							
				<input type="checkbox"/>							
<b>CUSTOMER ORDER INFORMATION</b>											
<b>CUSTOMER ORDER NUMBER</b>	<b>SHIPMENT ID</b>	<b>#PALLETS</b>	<b>#CARTONS</b>	<b>#EACHES</b>	<b>WEIGHT</b>	<b>PALLET/SLIP</b>					
80173WPZ	33056795881		1	1	13.23 pounds	Y 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>COMMODITY DESCRIPTION</b>		<b>LTL ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>							<b>NMFC#</b>	<b>CLASS</b>
		1	CARTONS	13.2300LB					Commercial Belgian Waffle Maker		
*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)											
										RECEIVING STAMP SPACE	
<b>GRAND TOTAL</b>											
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 _____"										<b>COD Amount: \$</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).										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.	
<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>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>	