

Bill Of Lading

Date: 2024/03/28		Bill Of Lading Number: MP24032610022499 <small>7HRKGHBJ</small>							
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 220 Industrial Boulevard, Boucherville, QC J4B 2X4, CA		BAR CODE SPACE 28286790691							
SHIP TO Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA		CARRIER NAME: DAY & ROSS INC Trailer number:							
SID#: _____ FOB: <input type="checkbox"/>		Seal number(s): SCAC: DAYR Pro number:							
THIRD PARTY FREIGHT CHARGES BILL TO:		BAR CODE SPACE							
Name: Address:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)							
City/State/Zip:		Prepaid _____ Collect YES 3 rd Party _____							
SPECIAL INSTRUCTIONS:		<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			
7HRKGHBJ	28286790691		1	1	47.84 pounds	Y	N		
GRAND TOTAL				ADDITIONAL SHIPPER INFO					
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE			NMFC#	CLASS		
		1	CARTONS	47.8400LB		Three side welding shield			
GRAND TOTAL								<small>RECEIVING STAMP SPACE</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 _____"						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).						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
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						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. <i>Property described above is received in good order, except as noted</i>	