

Bill Of Lading

Date: 2024/11/07		Bill Of Lading Number: MP24110521070625 407H8TEB	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 2300 Rue de la Province, Longueuil, QC J4G 1G1, CA		BAR CODE SPACE 32645848271	
SHIP TO Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA		CARRIER NAME: DAY & ROSS INC Trailer number:	
THIRD PARTY FREIGHT CHARGES BILL TO:		Seal number(s): SCAC: DAYR Pro number:	
Name: Address:		BAR CODE SPACE	
City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS:		Prepaid _____ Collect YES 3 rd Party _____	
		<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS
407H87EB	32645848271		1
			1
			18.41 pounds
			Y N
GRAND TOTAL		ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	H.M.
QTY	TYPE	QTY	(X)
	1 CARTONS	18.4100LB	
COMMODITY DESCRIPTION <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 NMFCA Item 360</small>			
Basic 2-Layer Stainless Steel Work Table			
		LTL ONLY	
		NMFC#	
		CLASS	
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 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.		SHIPPER 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. <i>Property described above is received in good order, except as noted</i>	