

Bill Of Lading

Date: 2025/02/13		SHIP FROM		Bill Of Lading Number:MP25021126315418 1BAIPM2G			
VEVOR VEVOR CA, +86 166 0183 9140 11420 Blacksmith Place, Richmond, BC V7A 4X1, CA		SID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE 34428002701			
SHIP TO		Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA		CARRIER NAME:CEVA LOGISTICS Trailer number: _____			
CID#: _____ FOB: <input type="checkbox"/>		THIRD PARTY FREIGHT CHARGES BILL TO:		Seal number(s): SCAC:CEVA Pro number: _____			
Name: Address:				BAR CODE SPACE			
City/State/Zip:				Freight Charge Terms:(freight charges are prepaid unless marked otherwise) Prepaid _____ Collect YES 3 rd Party _____			
SPECIAL INSTRUCTIONS:				<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading <input type="checkbox"/>			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER		SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP
1BAIPM2G		34428002701		13	13	365.97 pounds	Y N
GRAND TOTAL				ADDITIONAL SHIPPER INFO			
CARRIER INFORMATION							
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION	
QTY	TYPE	QTY	TYPE		(X)		
		13	CARTONS	365.9700LB		Adjustable heavy-duty model	
						RECIEVING 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		Trailer Loaded		Freight Counted		CARRIER SIGNATURE / PICKUP 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.		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces		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>	