

Bill Of Lading

Date: 2024/07/18		SHIP FROM		Bill Of Lading Number: MP24071615431556 3LA565OI		
VEVOR VEVOR CA, +86 166 0183 9140 102-6791 Elmbridge Way, Richmond, BC V7C4N1, CA		SID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE 30337306451		
SHIP TO		CARRIER NAME: CEVA LOGISTICS		Trailer number:		
Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA		CID#: _____ FOB: <input type="checkbox"/>		Seal number(s): SCAC:CEVA Pro number:		
THIRD PARTY FREIGHT CHARGES BILL TO:		Name:		BAR CODE SPACE		
Address:		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 <input type="checkbox"/> underlying Bills of Lading		
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP
3LA565OI	30337306451		1	1	34.61 pounds	Y N
GRAND TOTAL			ADDITIONAL SHIPPER INFO			
CARRIER INFORMATION						
HANDLING UNIT	PACKAGE	WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE	(X)	NMFC#	
					CLASS	
	1 CARTONS	34.6100LB		Industrial Crane Scale		
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		Trailer Loaded		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		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>		
		Freight Counted				
		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces				