

Bill Of Lading

Date: 2024/08/06		SHIP FROM		Bill Of Lading Number: MP24080616482125 <small>21XB9C7V</small>		
VEVOR VEVOR CA, +86 166 0183 9140 102-6791 Elmbridge Way, Richmond, BC V7C4N1, CA		SID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE 30712618091		
SHIP TO		CARRIER NAME:		Trailer number:		
Amazon YYZ7 12724 Coleraine Drive, Bolton, L7E 4L8, CA		CID#: _____ FOB: <input type="checkbox"/>		Seal number(s): SCAC: Pro number:		
THIRD PARTY FREIGHT CHARGES BILL TO:				BAR CODE SPACE		
Name:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Address:				Prepaid _____ Collect YES 3 rd Party _____		
City/State/Zip:				<input type="checkbox"/> Master Bill of Lading with attached <input type="checkbox"/> underlying Bills of Lading		
SPECIAL INSTRUCTIONS:						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP
21XB9C7V	30712618091		62	62	513.98 pounds	Y N
GRAND TOTAL			ADDITIONAL SHIPPER INFO			
CARRIER INFORMATION						
HANDLING UNIT	PACKAGE	WEIGHT	H.M.	COMMODITY DESCRIPTION	LTN ONLY	
QTY	TYPE	QTY	TYPE	(X)	NMFC#	CLASS
	62	CARTONS	513.9800LB	Welding Table		
<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 NMFC Item 360)</small>						
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		Freight Counted		
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 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. Property described above is received in good order, except as noted		