

Bill Of Lading

Date: 2024/09/24	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24092418907326 5TG79M3J, 2YCWQLCZ, 8QP9P25V <p style="text-align: center;">BAR CODE SPACE 31787283551</p>
SHIP TO Amazon YEG1 1440 39 AVE, Nisku, T9E 0B4, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: Seal number(s): SCAC: Pro number:
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:	<p style="text-align: center;">BAR CODE SPACE</p> Freight Charge Terms: (freight charges are prepaid unless marked otherwise) 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
2YCWQLCZ, 5TG79M3J, 8QP9P25V	31787283551
#PALLETS	#CARTONS
2	62
#EACHES	WEIGHT
62	774.72 pounds
PALLET/SLIP	Y N
Y	N
GRAND TOTAL	
ADDITIONAL SHIPPER INFO	
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY TYPE	QTY TYPE
2 PALLETS	62 CARTONS
WEIGHT	H.M.
774.7200LB	(X)
COMMODITY DESCRIPTION	
Generator Extension Cord	
<small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	
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 _____"	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B). 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	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
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>	