

Bill Of Lading

Date: 2024/10/15						
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 160-2920 188th Street, Surrey, BC V3Z 0W5, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24101520000039 1DTHPB2T, 1PKQW1SK, 587O4LHQ, 188L5WRT 5ICJGLCA, 37VX5CZW, 718WJEZY BAR CODE SPACE 32220189001					
SHIP TO Amazon YYZ3 7995 Winston Churchill Blvd., Brampton, L6Y 5Z4, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: _____ Seal number(s): SCAC: Pro number: BAR CODE SPACE					
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:	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 underlying Bills of Lading <input type="checkbox"/>					
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP
5ICJGLCA, 37VX5CZW, 188L5WRT, 587O4LHQ, 1DTHPB2T, 1PKQW1SK, 718WJEZY	32220189001	5	116	116	3246.98 pounds	Y N
GRAND TOTAL		ADDITIONAL SHIPPER INFO				
CARRIER INFORMATION						
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION
QTY	TYPE	QTY	TYPE			
5	PALLETS	116	CARTONS	3246.9800LB		Livestock Electric Fence Netting
						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 is specifically stated by the shipper to be not exceeding _____ per _____						COD Amount: \$ Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature _____
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 Shipper		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.
		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces		