

Bill Of Lading

Date: 2024/11/14						
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: MP24111221446575 2VH2QW7Q,7A7S8EGU,33A6A9TH <p style="text-align: center;">BAR CODE SPACE 32759071111</p>					
SHIP TO Amazon YOW3 222 Citigate Drive, NEPEAN, K2J 7C7, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: UNITED PARCEL SERVICE INC Trailer number: _____ Seal number(s): _____ SCAC: UPSN Pro number: _____ <p style="text-align: center;">BAR CODE SPACE</p>					
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
7A7S8EGU, 33A6A9TH, 2VH2QW7Q	32759071111		22	22	88.16 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)	<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(s) of NMFC Item 360</small>	NMFC#
		22	CARTONS	88.1600LB	Guillotine Heat Crimp Sealer	CLASS
GRAND TOTAL						RECEIVING STAMP SPACE
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 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.					Shipper Signature _____	
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>		