

Bill Of Lading

Date: 2024/12/06	
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: MP24120423018507 6XTPRB7U BAR CODE SPACE 33228992681
SHIP TO Amazon YOO1 789 Salem Rd N, Ajax, L1Z 0J2, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: SPEEDY TRANSPORT GROUP INC Trailer number: _____
THIRD PARTY FREIGHT CHARGES BILL TO: Name: _____ Address: _____ City/State/Zip: _____ SPECIAL INSTRUCTIONS: _____	Seal number(s): _____ SCAC: SZTG Pro number: _____ BAR CODE SPACE
Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Prepaid _____ Collect YES 3rd 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
6XTPRB7U	33228992681
#PALLETS	#CARTONS
1	1
#EACHES	WEIGHT
9.26 pounds	Y N
GRAND TOTAL	ADDITIONAL SHIPPER INFO
CARRIER INFORMATION	
HANDLING UNIT	PACKAGE
QTY	TYPE
1	CARTONS
WEIGHT	H.M.
9.2600LB	(X)
COMMODITY DESCRIPTION	
Gravity-fed Water Filter System	
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	
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. Property described above is received in good order, except as noted