

# Bill Of Lading

<b>Date:</b> 2024/09/24		<b>Bill Of Lading Number:</b> MP24092418907315 SBP8GFEV,1OLUWTXT,2K2O9MXT,8OMZLS8A	
<b>SHIP FROM</b> VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA		BAR CODE SPACE 31792167161	
<b>SID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>		<b>CARRIER NAME:</b> <b>Trailer number:</b> _____	
<b>SHIP TO</b> Amazon YVR3 109 Braid Street, New Westminster, V3L5H4, CA		<b>Seal number(s):</b> <b>SCAC:</b> <b>Pro number:</b> _____	
<b>CID#:</b> _____ <b>FOB:</b> <input type="checkbox"/>		BAR CODE SPACE	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)	
<b>Name:</b> <b>Address:</b>		Prepaid _____ Collect YES 3 <sup>rd</sup> Party _____	
<b>City/State/Zip:</b>		<input type="checkbox"/> <b>Master Bill of Lading with attached</b> <input type="checkbox"/> <b>underlying Bills of Lading</b>	
<b>SPECIAL INSTRUCTIONS:</b>			
<b>CUSTOMER ORDER INFORMATION</b>			
<b>CUSTOMER ORDER NUMBER</b>	<b>SHIPMENT ID</b>	<b>#PALLETS</b>	<b>#CARTONS</b>
1OLUWTXT, 2K2O9MXT, 8BP8GFEV, 8OMZLS8A	31792167161	7	233
			<b>#EACHES</b>
			233
			<b>WEIGHT</b>
			4450.9 pounds
			<b>PALLET/SLIP</b>
			Y N
<b>GRAND TOTAL</b>			
<b>ADDITIONAL SHIPPER INFO</b>			
<b>CARRIER INFORMATION</b>			
<b>HANDLING UNIT</b>	<b>PACKAGE</b>	<b>WEIGHT</b>	<b>H.M.</b>
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>
7	PALLETS	233	CARTONS
		4450.9000LB	
			<b>(X)</b>
			<b>COMMODITY DESCRIPTION</b>
			Rod-shaped Crowd Control Stanchion
			<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>
			<b>LTN ONLY</b>
			<b>NMFC#</b>
			<b>CLASS</b>
			RECEIVING STAMP SPACE
			<b>GRAND TOTAL</b>
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 _____		<b>COD Amount: \$</b> _____	
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.	
<b>SHIPPER SIGNATURE/DATE</b> 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 _____	
<b>Trailer Loaded</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>	