

Bill Of Lading

Date: 2024/08/27		Bill Of Lading Number: MP24082717544468 212VR71J,3HY4SBHJ,2RYG9DJP	
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 unit 2, 6880 Columbus Rd Mississauga, ON L5T 2G1, CA		BAR CODE SPACE 31134304891	
SID#: _____ FOB: <input type="checkbox"/>		CARRIER NAME: Trailer number: _____	
SHIP TO Amazon YYZ3 7995 Winston Churchill Blvd., Brampton, L6Y 5Z4, CA		Seal number(s): SCAC: Pro number: _____	
CID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name: Address:		Prepaid _____ Collect YES 3 rd Party _____	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading with attached <input type="checkbox"/> underlying Bills of Lading	
SPECIAL INSTRUCTIONS:			
CUSTOMER ORDER INFORMATION			
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS
3HY4SBHJ, 2RYG9DJP, 212VR71J	31134304891		46
			#EACHES
			46
			WEIGHT
			690.14 pounds
			PALLET/SLIP
			Y N
GRAND TOTAL			
ADDITIONAL SHIPPER INFO			
CARRIER INFORMATION			
HANDLING UNIT	PACKAGE	WEIGHT	H.M.
QTY	TYPE		(X)
	46 CARTONS	690.1400LB	
			COMMODITY DESCRIPTION
			Self-regulating temperature - non-inductive
			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 _____ *		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/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>	