

# Bill Of Lading

<b>Date:</b> 2024/04/11		<b>SHIP FROM</b>		<b>Bill Of Lading Number:</b> MP24040910582232 <small>218XDESG</small>		
VEVOR VEVOR CA, +86 166 0183 9140 unit 2, 6880 Columbus Rd Mississauga, ON L5T 2G1, CA		SID#: _____ <b>FOB:</b> <input type="checkbox"/>		BAR CODE SPACE 28513932041		
<b>SHIP TO</b>		<b>CARRIER NAME:</b> CEVA LOGISTICS		<b>Trailer number:</b>		
Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA		CID#: _____ <b>FOB:</b> <input type="checkbox"/>		<b>Seal number(s):</b> SCAC: CEVA Pro number:		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				BAR CODE SPACE		
<b>Name:</b>				<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)		
<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>	<b>#EACHES</b>	<b>WEIGHT</b>	<b>PALLET/SLIP</b>
218XDE5G	28513932041		1	1	26.01 pounds	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>COMMODITY DESCRIPTION</b>	<b>LTl ONLY</b>	
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>	<b>(X)</b>	<b>NMFC#</b>	<b>CLASS</b>
	1	CARTONS	26.0100LB	Air Conditioning Vacuum Pump Manifold Gauge Set		
<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>		<b>Trailer Loaded</b>		<b>Freight Counted</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.		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<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. Property described above is received in good order, except as noted		