

# Bill Of Lading

<b>Date:</b> 2024/09/24							
<b>SHIP FROM</b> VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA SID#: _____ FOB: <input type="checkbox"/>	<b>Bill Of Lading Number:</b> MP24092418907304 2KTNZB5Z,70JHX6SC,2R47UGHJ <p style="text-align: center;"><b>BAR CODE SPACE</b> 31792221731</p>						
<b>SHIP TO</b> Amazon YYZ4 8050 Heritage Road, Brampton, L6Y 0C9 , CA CID#: _____ FOB: <input type="checkbox"/>	<b>CARRIER NAME:</b> Trailer number: _____  <b>Seal number(s):</b> <b>SCAC:</b> <b>Pro number:</b>						
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> Name: Address:  City/State/Zip:	<p style="text-align: center;"><b>BAR CODE SPACE</b></p> <b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect YES 3 <sup>rd</sup> Party _____ <input type="checkbox"/> <b>Master Bill of Lading with attached</b> <input type="checkbox"/> <b>underlying Bills of Lading</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>	
2KTNZB5Z, 2R47UGHJ, 70JHX6SC	31792221731	2	245	245	3087.5 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>	<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>NMFC#</b>	<b>CLASS</b>
2	PALLETS	245	CARTONS	3087.5000LB	Bow and Arrow Sets for Kids		
<b>GRAND TOTAL</b>							<b>RECEIVING STAMP SPACE</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> _____		
					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.		
<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>		<b>Freight Counted</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>	
		<input type="checkbox"/> By Shipper		<input type="checkbox"/> By Shipper		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>	
		<input type="checkbox"/> By Driver		<input type="checkbox"/> By Driver pallets			
				<input type="checkbox"/> By Driver/Pieces			