

Bill Of Lading

Date: 2024/09/24								
SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 160-2920 188th Street, Surrey, BC V3Z 0W5, CA SID#: _____ FOB: <input type="checkbox"/>	Bill Of Lading Number: MP24092418907246 6WBT4SP0,2CM145SE,6U6ADCEW,5VAXUPXY 1OG6FM9U <p style="text-align: center;">BAR CODE SPACE 31792221531</p>							
SHIP TO Amazon YOW1 5225 Boundary Road, Navan, K4B 0L3, CA CID#: _____ FOB: <input type="checkbox"/>	CARRIER NAME: Trailer number: _____ Seal number(s): SCAC: Pro number: <p style="text-align: center;">BAR CODE SPACE</p>							
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect YES 3 rd 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	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP		
6U6ADCEW, 2CM145SE, 6WBT48PO, 5VAXUPXY, 1OG6FM9U	31792221531	7	245	245	4642.17 pounds	Y N		
GRAND TOTAL			ADDITIONAL SHIPPER INFO					
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE		(X)	<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC item 360</small>	NMFC#	CLASS
7	PALLETS	245	CARTONS	4642.1700LB	kettle grate			
							RECEIVING	
							STAMP SPACE	
GRAND TOTAL								
<small>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 _____"</small>						COD Amount: \$		
<small>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</small>						<small>Fee Terms: Collect: <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/></small>		
<small>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</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>		
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.		