

Bill Of Lading

Date: 2024/06/07		SHIP FROM		Bill Of Lading Number: MP24060513330265 7PZRQU4V	
VEVOR VEVOR CA, +86 166 0183 9140 unit 2, 6880 Columbus Rd Mississauga, ON L5T 2G1, CA		SID#: _____ FOB: <input type="checkbox"/>		BAR CODE SPACE 29598768481	
SHIP TO		CARRIER NAME: CEVA LOGISTICS		Trailer number:	
Amazon YVR3 109 Braid Street, New Westminster, V3L5H4, CA		CID#: _____ FOB: <input type="checkbox"/>		Seal number(s): SCAC:CEVA Pro number:	
THIRD PARTY FREIGHT CHARGES BILL TO:				BAR CODE SPACE	
Name:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>	
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	#EACHES	WEIGHT
7PZRQU4V	29598768481		1	1	26.01 pounds
		PALLET/SLIP			
		Y	N		
GRAND TOTAL			ADDITIONAL SHIPPER INFO		
CARRIER INFORMATION					
HANDLING UNIT	PACKAGE	WEIGHT	H.M.	COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	(X)	NMFC#
					CLASS
	1 CARTONS	26.0100LB		Air Conditioning Vacuum Pump Manifold Gauge Set	
					RECIEVING 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: \$	
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.	
SHIPPER SIGNATURE/DATE		Trailer Loaded		CARRIER SIGNATURE / PICKUP 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.		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		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	
				Freight Counted <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces	