

Bill Of Lading

Date: 2024/11/19		SHIP FROM VEVOR VEVOR CA, +86 166 0183 9140 18 Kenview Blvd, Brampton, ON L6T 5S8, CA SID#: _____ FOB: <input type="checkbox"/>		Bill Of Lading Number: MP2411192186542 3BFCU9RM,4MPC51TL1B8JTMRP,1GRPUK8L 7MFUX3BM BAR CODE SPACE 32905468601		CARRIER NAME: Trailer number: _____	
SHIP TO Amazon YYZ4 8050 Heritage Road, Brampton, L6Y 0C9, CA CID#: _____ FOB: <input type="checkbox"/>		Seal number(s): SCAC: Pro number: _____ BAR CODE SPACE		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		Prepaid _____ Collect YES <input type="checkbox"/> 3rd Party _____	
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address:		Master Bill of Lading with attached underlying Bills of Lading		City/State/Zip: SPECIAL INSTRUCTIONS:			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER 3BFCU9RM, 1B8JTMRP, 7MFUX3BM, 1GRPUK8L, 4MPC51TI		SHIPMENT ID 32905468601	#PALLET 	#CARTONS 104	#EACHES 104	WEIGHT 761.1 pounds	PALLET/SLIP Y N
GRAND TOTAL				ADDITIONAL SHIPPER INFO			
CARRIER INFORMATION							
HANDLING UNIT QTY TYPE		PACKAGE QTY TYPE		WEIGHT 	H.M. (X) 	COMMODITY DESCRIPTION <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(e) of NMFC Item 360</small>	LTL ONLY NMFC# CLASS
		104	CARTONS	761.1000LB		Slackline Zip line	
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: \$ 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			
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.			