

# Bill Of Lading

<b>Date:</b> 2024/11/14							
<b>SHIP FROM</b>			<b>Bill Of Lading Number:</b> MP24111221446126 3YF3TJPF				
VEVOR VEVOR CA, +86 166 0183 9140 unit 2, 6880 Columbus Rd Mississauga, ON L5T 2G1, CA			BAR CODE SPACE 32762130281				
SID#: _____ FOB: <input type="checkbox"/>			<b>CARRIER NAME:</b> CEVA LOGISTICS				
<b>SHIP TO</b>			<b>Trailer number:</b>				
Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA			<b>Seal number(s):</b>				
CID#: _____ FOB: <input type="checkbox"/>			<b>SCAC:</b> CEVA				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			<b>Pro number:</b>				
Name:			BAR CODE SPACE				
Address:			<b>Freight Charge Terms:</b> (freight charges are prepaid unless marked otherwise)				
City/State/Zip:			Prepaid _____ Collect YES 3 <sup>rd</sup> Party _____				
<b>SPECIAL INSTRUCTIONS:</b>			<input type="checkbox"/> <b>Master Bill of Lading with attached underlying Bills of Lading</b> <input type="checkbox"/>				
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	SHIPMENT ID	#PALLETS	#CARTONS	#EACHES	WEIGHT	PALLET/SLIP	
3YF3TJPF	32762130281		1	1	4.63 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)		NMFC# CLASS	
		1	CARTONS		Legless toilet Safety Rails <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>		
						RECEIVING STAMP SPACE	
					<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> 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>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. <i>Property described above is received in good order, except as noted</i>		
<b>Trailer Loaded</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver					<b>Freight Counted</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver pallets said to contain <input type="checkbox"/> By Driver/Pieces		