

# Bill Of Lading

<b>Date:</b> 2024/09/05	
<b>SHIP FROM</b> VEVOR VEVOR CA, +86 166 0183 9140 102-6791 Elmbridge Way, Richmond, BC V7C4N1, CA SID#: _____ <b>FOB:</b> <input type="checkbox"/>	<b>Bill Of Lading Number:</b> MP24090317892444 4KN7VDXC  <b>BAR CODE SPACE</b> 31298595391
<b>SHIP TO</b> Amazon YYZ9 6351 Steeles Ave E, Scarborough, M1X 1N5, CA CID#: _____ <b>FOB:</b> <input type="checkbox"/>	<b>CARRIER NAME:</b> CEVA LOGISTICS <b>Trailer number:</b> _____  <b>Seal number(s):</b> <b>SCAC:</b> CEVA <b>Pro number:</b> _____  <b>BAR CODE SPACE</b>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b> <b>Name:</b> _____ <b>Address:</b> _____  <b>City/State/Zip:</b> _____ <b>SPECIAL INSTRUCTIONS:</b> _____	<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 underlying Bills of Lading</b> <input type="checkbox"/>
<b>CUSTOMER ORDER INFORMATION</b>	
<b>CUSTOMER ORDER NUMBER</b>	<b>SHIPMENT ID</b>
4KN7VDXC	31298595391
<b>#PALLETS</b>	<b>#CARTONS</b>
1	1
<b>#EACHES</b>	<b>WEIGHT</b>
14.33 pounds	Y N
<b>PALLET/SLIP</b>	<b>GRAND TOTAL</b>
Y N	<b>ADDITIONAL SHIPPER INFO</b>
<b>CARRIER INFORMATION</b>	
<b>HANDLING UNIT</b>	<b>PACKAGE</b>
<b>QTY</b> <b>TYPE</b>	<b>QTY</b> <b>TYPE</b>
1	CARTONS
14.3300LB	Through The Wall Drop Box
<b>WEIGHT</b>	<b>H.M.</b>
(X)	<b>COMMODITY DESCRIPTION</b>
Through The Wall Drop Box	<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>
<b>LTL ONLY</b>	<b>NMFC#</b>
<b>CLASS</b>	<b>RECEIVING STAMP SPACE</b>
<b>GRAND TOTAL</b>	<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> 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).	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
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 _____
<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.	<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
<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. Property described above is received in good order, except as noted	_____