

Date: Feb 23, 2016

# BILL OF LADING

Page 1/1

### SHIP FROM (ORIGIN)

[Redacted]

Customer PO Number: TESTBULK1

Bill of Lading Number: ORD000218

TESTBULK1

ORD000218



SID #:

FOB

CARRIER NAME

[Redacted]

### SHIP TO (CONSIGNEE)

[Redacted]

Trailer Number

Seal Number(s)

SCAC:

[Redacted]

Pro Number:

Equipment Type

Truck

CID #:

FOB

Gross Weight

0

Tare Weight

0

Freight Charge Terms:

1 Prepaid

### BILL TO

[Redacted]

Master Bill of Lading: with attached underlying Bills of Lading

### SPECIAL INSTRUCTIONS

# SAMPLE

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFO
			Y	N	
TESTBULK1		0 KG	Y	N	
			Y	N	
			Y	N	
<b>GRAND TOTAL</b>		0 KG	Y	N	

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	D.G. (X)*	COMMODITY DESCRIPTION <small>If shipper advises Carrier a commodity requires special or additional care or attention in handling or stowing, Carrier shall take due care to ensure safe transportation</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
30000	KG	30000	KG	30000KG		RH KEYNOTE FLR DR1 BULK		
30000	KG	30000	KG	30000 KG		<b>GRAND TOTAL</b>		

Note: Mark with "X" to designate Dangerous Goods as defined in the Dept. of Transportation Regulations.

NOTE: Uniform Conditions of Carriage apply (see reverse side). For shipments originating in Nova Scotia the Uniform Conditions of Carriage set out in the Carriage of Freight by Vehicle Regulations made under Section 303 of the Motor Vehicle Act R.S.N.S. 1989

Notice of Claim: No carrier is liable for loss, damage or delay to any goods carried under this Bill of Lading unless notice of the loss, damage or delay setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier within 60 days after delivery of the goods, or in the case of failure to make delivery, within 9 months from the date of shipment. The final statement of the claim must be filed within 9 months from the date of shipment together with a copy of the paid freight bill.

<b>Trailer Loaded</b>	<b>Freight Counted</b>
<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/pallets said to contain
	<input type="checkbox"/> By Driver/Peices

<b>SHIPPER SIGNATURE / DATE</b> Shipper acknowledges terms and conditions contained herein.	<b>ORIGINATING CARRIER SIGNATURE / DATE</b> Carrier acknowledges receipt of packages and required placecards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.	<b>Consignee Signature/Date</b> The signature of Consignee for receipt of goods shall not preclude future claims for loss or damage made within the time limit as prescribed on this Bill of Lading.
<b>Date:</b> <b>Shipper Signature:</b> _____	<b>Date:</b> <b>Carrier Signature:</b> _____	<b>Date:</b> <b>Consignee Signature:</b> _____