

SHIPPER

PER: (SIGNATURE REQUIRED)

7500 Hwy 27 Suite 2 Woodbridge, ON L4H 0J2

Phone: 905-663-2881

PLACE PRO LABEL HERE

Shipper's Bill of Lading

Consignee's Reference / PO No.

DATE

ww	/w.linehaullogisti	csinc.ca	Fax: 905-663-2882					5.13.g.1ee 5 1.e.e.	
	On Delivery' shipmer	ts, the letter	rs "COD" must appear before consignee's name or as	30 Sec. 1.	TRAILER NUMBE		B/L DATE		
STREET					ROUTE				
DESTIN.	ATION				-				
CITY/ZI									
FROM	: SHIPPER				FOR PAYMENT SEND BILL TO:				
STREET					NAME				
ORIGIN					STREET				
CITY/ZI					CITY/ST/ZIP				
C-II	+ D - l':								
Street	t on Delivery :	·	and remit to City	State C.O.D. Shipper					
Carrier here to	r must collect o accept comp	cash, mo bany che	oney order, bank cashier's check, or	bank certified chec	unless shipper signs Charge to be paid by Consignee				
	1	1						I	· · · · · · · · · · · · · · · · · · ·
Hdlg. Units No. Type	its No. * (Subject to Correction) Type HM				and Exceptions		Weight Subj.to Correction (LBS)	Class or Rate Ref. (For Info. Only)	Cube (Optional) (CuFT)
14	tal Handling I		Pied	Weight: Cube:					
* Mark	x "X" to design	ate Haz	ardous Materials as defined in DOT	regulations.					
Note (1) Where the rate is dependent on value, shippers are required to state specifically In writing the agreed or declared value of the property as follows:						Freight Charges are PREPAID unless marked collect			
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding per"					CHECK HERE IF COLLECT>>				
NOTE (2) Liability Limitation for loss and damage on this shipment may be applicable. NOTE (3) Commodities requiring special or additional care or attention in handling					FOR FREIGHT COLLECT SHIPMENTS: If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement: The carrier may decline to make delivery of this shipment without payment				
or stow			nd packaged as to ensure safe transport		of freight and all other lawful charges. (Signature of Consignor)				
Notify i	if problem en ro	ute or at	deliveryName	Fax No.	Tel.No. (for informational purposes only)				
have be	en established by t the National Moto	he carrier a Freight Cla	remined rates or contracts that have been agree and are available to the shipper, on request. Ever assification. The shipper hereby certifies that he d for himself and his assigns.	ed upon in writing betwee y service to be performed	n the carrier and shipper, if a hereunder shall be subject t	to all terms	and conditions of	f the uniform bill	of lading set
This is to c	ertify that the above-		rials are properly classified, described, packaged, marked		condition for transportation, acco	ording to the	applicable regulatio	ns of the Departmen	t of Transportation.
SHIPPE	:K			CARRIER					

PER

Driver signature only acknowledges receipt of freight