STRAIGHT BILL OF LADING - SHORT FORM
NOT - NEGOTIABLE

CARRIER:	**BILL OF LADING NUMBER:**
DATE:	
CONSIGNOR (SHIPPER) 1820-B IRONSTONE DRIVE BURLINGTON, ON L7L 5V3	**CONSIGNEE:**
SPECIAL INSTRUCTIONS:	**PO#**
	ORDER#

ITEM CODE:	**DESCRIPTION**	**QNTY.**	**WEIGHT**
	TOTAL		

NUMBER OF PALLETS: REGULAR ☐ CHEP ☐ CPC ☐

DECLARED VALUE $

MAXIMUM LIABILITY OF $4.41 PER KILOGRAM
($2.OO PER POUND) UNLESS STATED OTHERWISE

TERMS: PREPAID ☐ COLLECT ☐
OTHER ☐

SHIPPER: PICK UP DATE _____
SIGNATURE _____
PRINT _____

THIS IS TO CERTIFY THAT THE ABOVE MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

CARRIER: PICK UP DATE _____
SIGNATURE _____
PRINT _____

CARRIER ACKNOWLEDGES RECEIPT OF PACKAGES, AND THAT THEY ARE PROPERLY DESCRIBEDAS ABOVE AND ARE IN GOOD ORDER EXCEPT AS NOTED

RECEIVED IN APPARENT GOOD ORDER

RECEIVER SIGNATURE: _____
PRINT NAME: _____
DATE:

RECEIPT OF GOODS AT DESTINATION