



1-877-228-2203

3610 NASHUA DRIVE, UNIT 4
MISSISSAUGA, ONTARIO, L4V 1X9

DATE
D M Y

Bill of Lading Number

Prepaid
 Collect
 Third Party Billing

DECLARED VALUATION Maximum liability of (\$2.00 per pound) \$4.41 per kg, unless declared valuation states otherwise **\$**

F R O M	SHIPPER			CONSIGNEE		
	ADDRESS			ADDRESS		
	CITY	PROV.	POSTAL CODE	CITY	PROV. / STATE	POSTAL CODE / ZIP
	SHIPPER'S REFERENCE NO.		TELEPHONE NO.	ATTENTION		TELEPHONE NO.

NOTICE OF CLAIM: a) No carrier is liable for loss, damage or delay to any goods carried under the Bill of Lading unless notice thereof 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 or the delivering carrier within sixty (60) after the delivery of the goods, or, in the case of failure to make delivery, within nine (9) months from the date of shipment. b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.

Received at the point of origin on the date specified, from the consignor mentioned herein, the property herein described, in apparent good order, except as noted (contents and conditions of contents of package unknown) marked, consigned and destined as indicated below, which the carrier agrees to carry and to deliver to the consignee at the said destination, if on its own authorized route, or otherwise to cause to be carried by another carrier on the route to said destination, subject to the rates and classification in effect on the date of shipment. It is mutually agreed as to each carrier of all or any of the goods over all or any portion of the route to destination, and as to each party at any time interested in all or any of the goods, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, including conditions on back hereof, which are hereby agreed to by the consignor and accepted for himself and his assigns.

3rd PARTY BILLING

ADDRESS

CITY

AMOUNT C.O.D. FUNDS TYPE: **AMOUNT: \$**

# Pieces	Description of Goods	<input type="checkbox"/> lb	Weight	<input type="checkbox"/> kg	<input type="checkbox"/> in	Dimensions	<input type="checkbox"/> cm	SPECIAL SHIPPING INSTRUCTIONS:	
						L	W		H
◀ TOTALS ▶								Freight Details: <input type="checkbox"/> Loose <input type="checkbox"/> Palletized	

Shipper assumes responsibility for freight charges if payment refused at destination.

Shipper's Name & Signature	Date	Driver's Name & Signature	Date	Consignee's Name & Signature	Date

I - ORIGINAL - NOT NEGOTIABLE (This Bill of Lading - Express Shipping Contract is to be signed by the Shipper and Carrier) SEE CONDITIONS ON REVERSE

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