Date:					BIL	L OF L	ADI	NG		Page 1 of		
			SHIF	FROM								
Name:							Bill of Lading Number:_					
Address:												
City/State/Zip:						BAR CODE SPACE						
SID#: FOB: □												
Name: Location #:_							CARRIER NAME:					
						tion #:	Trailer number:					
Address:							Seal number(s): SCAC:					
City/State/Zip:							Pro number:					
CID#: FOB: □ THIRD PARTY FREIGHT CHARGES BILL TO:								o numb	er:			
Name		TIRU PAR	KIY FREIG	INT CHARGES E	SILL TO:				BAR CODE	SPACE		
Name: EFSI Address: 116-10 GILLINGHAM DRIVE # 503										. 01 / 0 =		
				ON L6X 5A5			Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
				0.11 2071 0710				Prepaid Collect 3 rd Party X				
SPECIAL INSTRUCTIONS:										ding: with attache	d	
(ch									(check box) underlying Bills of Lading			
CHST	OMER OF	DED NI	IMPED	# PKGS	CUSTO	MER ORDER II		IFORMATION				
CUST	OWER OF	TDEK N	DIVIDER	# PKGS	WEIGI	Y or			ADDITIONAL	SHIPPER INFO		
GRAN	ND TOT	AL										
HANDL	ING UNIT	PAC	KAGE		CA	RRIER INFOR			SCRIPTION	LTL (MI V	
QTY	111011110				H.M.	Commodities requiri	ng special or	additional care or	attention in handling or stowing mus		CLASS	
٦	WEIGHT Som				so marked ar		as to ensure safe t Section 2(e) of NN	ransportation with ordinary care. IFC Item 360		02/100		
										RECEIV	ING	
										STAMP	SPACE	
							GF	RAND TO	OTAL			
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:								COD A	mount: \$			
		,	-									
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding									erms: Collect:		-	
\$2.00 per LB Customer check acceptable:												
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing The carrier shall not make delivery of this shipment without payment of freight												
established	by the carrier a			se to the rates, classific oper, on request, and to				all other lawfu			Ü	
Shipper Signatu SHIPPER SIGNATURE / DATE Trailer Loaded: Freight Counted: CARRIER SIGNATURE / PICKUP DATE										•		
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for									Carrier acknowledges receipt of emergency response information	packages and required placards	s. Carrier certifies	
transportation according to the applicable regulations of the DOT. By Driver By Driver By Driver/pal								d to contain	emergency response guidebook Property described above is re	or equivalent documentation in	the vehicle.	
				ĺ	eces							

SUPPLEMENT TO THE BILL OF LADING Page												
Bill of Lading Number:												
CUSTOMER ORDER INFORMATION												
CUST	OMER (ORDER	NUMBI		GS W	EIGHT	PALLET/SLIP Y or N			SHIPPER INFO		
	D 4 0 E 4	NIDTO										
	PAGE S	SORIO	IAL		CARR	UED IN	EODM	ATIO	1			
HANDLING UNIT PACKAGE					CARRIER INFORMATION COMMODITY DESCRIPTION						LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGH	T H.M.	Commoditie	es requiring spec	cial or additiona	NMFC#	CLASS		
							PA	GE SI	UBTOTAL			