

SHIP FROM

Name: **Hamofy Update**
 Address: **3726 George Street**
 City/State/Zip: **Newmarket, ON L3Y**
 SID#: _____ FOB:

Bill of Lading Number: _____

SHIP TO

Name: **156 S Hamlin Blvd**
 Address: **156 S Hamlin Blvd**
 City/State/Zip: **Chicago, IL 60624**
 CID#: _____ Location #: _____ FOB:

CARRIER NAME: Deneel Cerreer
 Trailer number: **XPO347812**
 Seal number(s): **9283745**

SCAC: None
Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name : _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:
(freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS: _____

 (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CHOOSE ONE)		ADDITIONAL SHIPPER INFO
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
GRAND TOTAL	0	0.00			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
0		0		0.00		GRAND TOTAL 0		

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:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$
Fee Terms: Collect Prepaid
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 between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 Shipper Signature

SHIPPER SIGNATURE / DATE
 This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded: _____ Freight Counted: _____
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.

SHIP FROM

Name: **Hamofy Update**
 Address: **3726 George Street**
 City/State/Zip: **Newmarket, ON L3Y**
 SID#: _____ FOB:

Bill of Lading Number: _____

SHIP TO

Name: **47th Facility**
 Address: **2967 West 47th Street** Location #: _____
 City/State/Zip: **Chicago, IL 60632**
 CID#: _____ FOB:

CARRIER NAME: Deneel Cerreer
 Trailer number: **XPO347812**
 Seal number(s): **9283745**

SCAC: None
Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name : _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms:
(freight charges are prepaid unless marked otherwise)
 Prepaid Collect 3rd Party

SPECIAL INSTRUCTIONS:

 (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP <small>(CHOOSE ONE)</small>		ADDITIONAL SHIPPER INFO
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
			Y <input type="radio"/>	N <input type="radio"/>	
GRAND TOTAL	0	0.00			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
0		0		0.00		GRAND TOTAL 0		

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 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount: \$
Fee Terms: Collect Prepaid
Customer check acceptable:

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Shipper Signature

SHIPPER SIGNATURE / DATE
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Trailer Loaded: _____ Freight Counted: _____
 By Shipper By Shipper
 By Driver By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE
 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
Property described above is received in good order, except as noted.