Tel:604.417.3505
Toll Free: 1.888.320.1369
Email:altaf@sunshinecoastlogistics.com
www.sunshinecoastlogistics.com

Bill of Lading

Shipper Name (consignor)		Receiver Name (consignee)
Address (origin)		Address (destination)
City / State / Postal Code		City / State / Postal Code
Phone		Phone
Pickup Date:		Pickup Driver Name (please print)
Pickup Truck No.	Trailer No.	Pickup Driver Signature
Order #	P.O.#	Freight charges will be collected unless marked prepaid ☐PREPAID ☐COLLECT ☐THIRD PARTY

No. of Pieces	Pkg.	Description of Articles Marks of Exceptions	Weight
		SEAL NO.	

"THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKED, MARKED AND LABELLED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATION OF THE DEPARTMENT OF TRANSPORTATION." Received at the point of origin on the date specified, from the container mentioned above, 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 above, which the carrier agrees to carry and deliver to the rates and classifications in effect on the date of shipment. It is mutually agreed, as to each carrier of all goods over all or any portion of the route to destination and as to each party of 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, which are hereby agreed by the consignor and accepted for himself and his assigns

NOTE CONDITIONS ON REVERSE HEREOF WHICH ARE HEREBY ACCEPTED

NOTICE OF CLAIM
DECLARED VALUATION
$

MAXIMUM LIABILITY OF CARRIER IS $2.00 PER LB. ($4.41 PER KG) UNLESS DECLARED VALUATION STATES OTHERWISE.

The carrier shall not be liable for the loss, damage or delay to any good transported pursuant to this 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 7 days after the delivery of the goods, or in case of failure to make delivery within nine months of the date of shipment of the goods. The final statement of the claim shall be filed within nine months from the date of shipment, together with a copy of the paid freight bill.

All invoices must be paid within 7 days of delivery of goods.

Shipper's Name (please print)	Receiver's Name (please print)	
Shipper's Signature	Receiver's Signature	
Delivery Driver's Name (please print)	Delivery Truck No.	Trailer No.
Delivery Driver's Signature	Connecting Carrier	
Delivery Date		