

# BILL OF LADING

Date:

BOL NUMBER:

**Exporter / Shipper / Seller**

Name:

Address:

City/State:

Phone:

IRS#:

*Please Place Pro-Label In This Box*



**SERVING GTA - CANADA - USA**

Phone: (416) 298-1060 Fax: (416) 298-3138

**Consignee**

Name:

Address:

City/State:

Phone:

IRS#:

**Buyer (If other than consignee)**

Name:

Address:

City/State:

Phone:

IRS#:

**Freight Charge Terms:**

Pre-Paid     Collect     Third Party

**Special Instructions**

Customs Broker:

No. Units Shipped	Unit of Measure	Commodity Description <small>Commodities requiring additional care or attention must be marked in the Special Instructions</small>	Weight

Total Quantity:

Total Weight:

**Carrier Information**

Company Name:  P/U Driver:  Del. Driver:

**Shipper's Signature**

I hereby certify that the above named materials are properly classified, packaged, marked, and conform to the regulations of the DOT

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Consignee's Signature**

Received, the property described above in apparent good order, except as noted, marked, consigned, and destined.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_