



202A-26229 Township Rd 531A
Acheson, AB T7X 5A4

Tel: (403) 590-4393
Fax: (403) 568-5009

BOL#

BILL OF LADING • ORIGINAL • NOT NEGOTIABLE

(Issued in accordance with the Regulations made under the Truck Transportation Act)

| | | | |
|--------|---------|-----------|------|
| Trip # | Truck # | Trailer # | Date |
|--------|---------|-----------|------|

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 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 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, including conditions on back hereof, which are hereby agreed by the consignor and accepted for himself and his assigns.

| | | | |
|----------------------------------|--|--|--|
| SHIPPER/CONSIGNOR | | BILL TO (Bill to Shipper/Consignor, unless stated here) | |
| Name _____ | | Name _____ | |
| Address _____ | | Address _____ | |
| Postal Code _____ Phone No _____ | | Postal Code _____ Phone No _____ | |

| | | | |
|----------------------------------|--|--|--|
| CONSIGNEE | | METHODS OF PAYMENT | |
| Name _____ | | Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> | |
| Address _____ | | Freight charges will be COLLECT unless marked "PREPAID" | |
| Postal Code _____ Phone No _____ | | C.O.D. Amount \$ _____ | |
| | | C.O.D. FEE Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> | |
| | | Declared Value: \$ _____ | |

| PIECES | DESCRIPTION OF ARTICLES AND SPECIAL MARKS | DANGEROUS GOODS | | | WEIGHT | DIMENSION |
|-----------|---|-----------------------|---------------|---------------|--------------|-----------|
| | | CLASS PRIM. & SUBSIDE | PIN/UN NUMBER | PACKING GROUP | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL PCS | | | | | Total Weight | |

| | | | | |
|--------|----------|--------|------|------------------------|
| SEAL # | PLACARDS | NUMBER | TYPE | 24 HR EMERGENCY PH NO. |
|--------|----------|--------|------|------------------------|

Protective Service Required:
 Maintain Fresh - Temp between 33°F to 39.2°F (0.6°C to 4.5°C)
 Maintain Heat (temp above 32°F or 0°C)
 Maintain Frozen (temp below 0°F or -18°C)

Special Instructions:

| | |
|---|--|
| RECEIVER'S SIGNATURE: RECEIVED ABOVE SHIPMENT IN APPARENT GOOD ORDER, EXCEPT AS NOTED | RECEIVER'S NAME & ID (PRINT): |
|---|--|

NOTICE OF CLAIM
No carrier is liable for loss, damage or delay of 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) days after the delivery of the goods, or, in the case of failure to make delivery, within nine (9) months from the date of shipment.
The final statement of the claim must be filled within nine (9) months from the date of shipment together with a copy of the paid freight bill.

OTHER CONDITIONS:
- MAXIMUM LIABILITY OF \$2.00 PER POUND UNLESS DECLARED VALUATION STATES OTHERWISE (CONDITION 9 AND 10 ON BACK)
- UNCRATED/UNWRAPPED MERCHANDISE (GOODS) AT OWNER'S/SHIPPER'S RISK
- FREIGHT INVOICE MUST BE PAID WITHIN 7 DAYS OF RECEIPT OF STATEMENT

| | |
|-------------------------|------------------------|
| SHIPPER _____ | CARRRIER _____ |
| DATE _____ | DATE _____ |
| SHIPPER SIGNATURE _____ | DRIVER SIGNATURE _____ |

NOTE CAREFULLY CONDITIONS ON BACK HEREOF WHICH ARE HEREBY ACCEPTED

WHITE: CUSTOMER YELLOW: OFFICE COPY PINK: RECEIVER'S