



**Bill of Lading - Original - Not Negotiable**

(Issued in accordance with the Regulations made under the Public Commercial Vehicles Act)

Carrier's No: \_\_\_\_\_ Vehicle No: \_\_\_\_\_ Shipper's No: \_\_\_\_\_

At: \_\_\_\_\_ Date: \_\_\_\_\_  
(Point of Origin)

Shipper: \_\_\_\_\_

Received at the point of origin on this date from the shipper, the goods herein described, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which the carrier agrees to carry and deliver to the consignee at the destination if on its own route, otherwise to deliver to another carrier on the route to the destination. It is 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 at 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, herein contained, including conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to: \_\_\_\_\_ At: \_\_\_\_\_, \_\_\_\_\_  
(Destination) (Province or State)

Street Address: \_\_\_\_\_ Route: \_\_\_\_\_

No. of Packages	Description of Articles, Marks and Exceptions	Weight	Rate	Amount
		Subj. to Correction		

Charges:  Prepaid  Collect (Freight charges will be collect unless otherwise marked "Prepaid")

- Any agreement covering transportation of the goods described herein with other than due dispatch, or for specific time, must be endorsed on this bill of lading and signed by the parties hereto.
- When a shipment is at "owner's risk" the words "Owner's Risk" must be entered and initialed by both parties thereto.
- Shipment is received subject to the classification and tariffs in effect on the date of the receipt by the carrier of the property described in the original bill of lading.

COD Amount: \_\_\_\_\_  
 COD Fee: \_\_\_\_\_  
 COD Fee Prepaid  COD Fee Collect

Received in apparent good order (except as noted), from: \_\_\_\_\_  
(Name of Carrier)

At: \_\_\_\_\_ the goods described herein  
 \_\_\_\_\_ Consignee. Date: \_\_\_\_\_

Declared Valuation (\$): \_\_\_\_\_ (Maximum Liability \$2.00 per pound unless Declared Valuation states otherwise)

Shipper: \_\_\_\_\_ Carrier: \_\_\_\_\_  
 Per: \_\_\_\_\_ Per: \_\_\_\_\_

(This Bill of Lading is to be signed by the Shipper and Carrier)

**195 Admiral Blvd, Mississauga, Ontario, L5T 2T3  
 Telephone (905) 564-2626, Fax (905) 564-2656**