

SHAN

FREIGHTWAY

12 & 13 - 7686 Kimbel St.
 Mississauga, ON L6S 1E9
 Tel: 905-654-9881
 Fax: 905-654-1342
 Fax: 1-866-677-9563
 Toll Free: 1-877-801-6146

THIS SHIPPING ORDER Must be legibly filled out in ink, in indelible Pencil or in Carbon, and retained by the Agent

Consignor/Shipper (or Agent)

Street _____ Address _____ (point of origin)

At _____

Postal Code _____

DATE _____ SHIPPER NO. _____

CREDIT ACC CODE _____

SHIPPERS CODE _____

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 condition of contents of package unknown) marked, consigned and destined as indicated below, which the carrier agrees to carry and deliver to the consignee at the said destination, if on its own authorized route or otherwise to cause to be carried by another carrier on the route to said destination, at the applicable rates

CONSIGNEE'S CODE _____

FREIGHT CHARGES

Collect Prepaid

Consignee

Street _____ Address _____ Postal Code _____

Destination _____ At (Location) _____ Carrier Code _____

Interline to (Carrier) _____

C. O. D.

CASH ON DELIVERY

Bill To: (Applicable to the Third Party)

Street _____ Address _____

Destination _____ At (Location) _____ Postal Code _____

Interline to (Carrier) _____ Carrier Code _____

Amount \$ _____

Fee \$ _____

Total \$ _____

NO OF PCS	D.G	DESCRIPTION OF ARTICLES, MARKS AND EXCEPTIONS	CLASS	UN/NA/PIN	WEIGHT	
					LB	KG

DECLARED VALUATION \$ _____

ACTION FORCE TRANSPORT INC. Maximum liability of \$2.00 per pound (\$4.41 per kilogram) computed on the total weight of the shipment unless declared otherwise.

This is to certify that the above-named materials are properly classified, described, packed, marked and labeled and are in proper condition for the transportation according to the applicable regulations of the Department of Transportation.

Shipper Signature _____

Carrier _____

Date _____ Time _____

Unite No. _____

Per _____

Shipper _____

Date _____ Time _____

Unite No. _____

Per _____

Consignee _____

Date _____ Time _____

Unite No. _____

Per _____

WHERE REQUIRED BY THE TARIFF SHIPPER MUST COMPLETE THE FOLLOWING

DIMENSIONS OF SHIPMENT

TOTAL CUBIC FEET _____

DIMENSION WEIGHT _____

TOTAL WEIGHT _____

NUMBER X. L. PIECES _____

Bill of Lading

NOT NEGOTIABLE