



Fill this form electronically then print and fax to 514.344.1142

**Journey Freight International**

18100 TransCanada Hwy.

Kirkland, QC

H9J 4A1

# BILL OF LADING

Unit/No. D'Unit:

Bill of Lading No.

PLEASE PLACE TOP OF BAR CODE STICKER STRAIGHT ON DOTTED LINE

## SHIPPER

Name:

Address:

City:

Phone #:

Declared Valuation: \$

Per:

Maximum Liability of \$2.00 per pound unless declared valuation states otherwise. Surcharge is applicable when the declared value is in \$2.00 per pound.

## CONSIGNEE

Name:

Address:

City:

Phone #:

### FREIGHT CHARGES BILL TO JOURNEY FREIGHT

*Freight Charges will be collect unless marked prepaid*

Prepaid

Collect

#PIECES	PARTICULARS OF GOODS, MARKS & EXTENSIONS	DA	NGEROUS	GOODS P.I.N	WEIGHT
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P.O. #:

REF#:

**BILL THIRD PARTY**

NAME OF THE THIRD PARTY

**BILL TO**

**JOURNEY**

**FREIGHT**

## SHIPPER : PLEASE COMPLETE THE FOLLOWING

### DIMENSION OF SHIPMENT

Total # of pieces:  Length:  Width:  Height:  Total cubic feet:  Total Weight:  Dimensional Weight:

1. Any agreement covering transportation of 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.

2. When a shipment is at shipper's risk, the words "At Shippers Risk" must be entered and initialed by both parties hereto.

C.O.D - C.O.D. FEE PREPAID / C.O.D FEE

COLLECT AMOUNT :

SHIPPER:

CARRIER:

**CHECKER**

PER:

PER:

UNCRATED MERCHANDISE AT SHIPPERS RISK . / THIS BILL OF LADING TO BE SIGNED BY SHIPPER AND CARRIER.