

Five Star Transport

1220 Aerowood Dr
Mississauga, Ontario
L4W 1B7 Canada



Phone :905 624 6471

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E-Mail dispatch@fivestarttransport.ca

Date: _____		Bill of Lading	
SHIP FROM		Bill Of Lading#: _____ SCAC: _____ Pro #: _____ <div style="text-align: center; font-size: 1.2em; color: #ccc;">BAR CODE SPACE</div>	
Name: _____ Address: _____ City/State/Zip: _____ Contact: _____ Ph#: _____			
SHIP TO			
Name: _____ Address: _____ City/State/Zip: _____ Contact: _____ Ph#: _____		Carrier name: _____ Trailer#: _____ Seal#: _____	
SPECIAL INSTRUCTION: Master bill of lading with attached <input type="checkbox"/> underlying of lading		THIRD PARTY FREIGHT BILL CHARGE TO	
		Name: _____ Address: _____ City/State/Zip: _____ Contact: _____ Ph#: _____	
		Freight Charge Terms: <small>(Freight charges are paid unless mark otherwise)</small> Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3 rd Party <input type="checkbox"/>	
# of Pcs or Skids	D.G/H.M	DISCRIPTION OF ARTICLES	WEIGHT Kg /Lbs
		GRAND TOTAL	
CONSIGNEE SIGN: _____ PRINT NAME: _____ # of Pcs or Skids: _____ DATE: _____ SEAL INTACT: _____			
Maximum liability of \$2.00 per pound ON THE ACTUAL WEIGHT OF THE SHIPMENT unless declared valuation states otherwise. A surcharge is applicable when the declared value is in excess of \$2.00 per pound. <small>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ Per _____</small>		COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c) (1) (A) and (B).			
RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
SHIPPER SIGNATURE / DATE		Shipper	
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. SHIPPER: _____ # of Pcs or Skids: _____ Sign: _____ Date: _____		Signature _____	CARRIER SIGNATURE / PICKUP DATE CARRIER: _____ # of Pcs or Skids: _____ Sign: _____ Date: _____
		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	