STRAIGHT BILL OF LADING - 1.866.DAY.ROSS

PLACE PRO STICKER HERE

DATE			LEVEL OF SERVICE	C.O.D
MONTH	DAY	YEAR	☐ GENERAL	AMOUNT _____ CURRENCY: ☐ CDN ☐ U.S.

Pick Up Information

Telephone Number: _____

Contact Name: _____

Ready Date & Time: _____

Closing Time: _____

☐ PRIVATE RESIDENCE PICK UP
☐ PRIVATE RESIDENCE DELIVERY
☐ PALLETS BEING RETURNED
☐ HAZARDOUS GOODS*
☐ APPOINTMENT DELIVERY(DATE/TIME)

☐ TAILGATE PICK UP
☐ HEATED SERVICE
☐ TRADE SHOW PU
☐ INBOND

☐ TAILGATE DELIVERY
☐ TEMPERATURE CONTROL(TL ONLY)
☐ TRADE SHOW DELIVERY

*this shipment contains dangerous goods as set out in the attached shipper's declaration

REQUESTED BY: ☐ **SHIPPER** ☐ **CONSIGNEE** ☐ **BILL TO** ☐ **THIRD PARTY**
EMAIL:

SHIPPER

DAY & ROSS ACCT. NO. TEL NO.
SHIPPER'S NAME
PICK UP ADDRESS
CITY PROV. COUNTRY POSTAL CODE

CONSIGNEE

DAY & ROSS ACCT. NO. TEL. NO.
CONSIGNEE'S NAME
DELIVERY ADDRESS
CITY PROV. COUNTRY POSTAL CODE

METHOD OF PAYMENT

☐ **PREPAID** ☐ **COLLECT**

☐ CASH IN ADVANCE AMOUNT _____ CURRENCY: ☐ CDN

☐ THIRD PARTY BILL TO ACCOUNT NUMBER _____

☐ VISA ☐ M.C. ☐ AMX EXPIRY DATE _____

CARD NO _____

OTHER BILL TO PARTICULARS

BILL TO:
BILL TO ADDRESS
GST:
CITY PROV. COUNTRY POSTAL CODE

SPOT QUOTE NO.

ROUTING OR SPECIAL INSTRUCTIONS

MAXIMUM LIABILITY OF $2.00/LB OR $4.41/KG COMPUTED ON THE TOTAL ACTUAL WEIGHT UNLESS DECLARED VALUATION STATES OTHERWISE. PLEASE SEE ADDITIONAL TERMS AND CONDITIONS ON REVERSE.

NO. OF PCS.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT ☐ LBS ☐ KGS	DECLARED VALUE ☐ CDN. ☐ U.S.	DIMENSIONS	CHARGES
	ALL USED HOUSEHOLD GOODS AND PERSONAL EFFECTS SHIPPED AT SHIPPER'S RISK OF DAMAGE				

The uniform TERMS OF CARRIAGE apply to this BILL OF LADING. (See Term and Condition No. 1)

NOTICE OF CLAIM must be submitted in writing within sixty (60) days of delivery. (See Term and Condition No. 2)

The carrier's maximum liability is limited by the TERMS AND CONDITIONS of the Bill of Lading. (See Term and Condition No. 5)

SHIPPER'S REF. NO.		PICK-UP DATE		NO. OF PCS.	
SHIPPER'S SIGNATURE		DAY & ROSS DRIVER		PURCHASE ORDER	
PRINT		POWER NO.		TRAILER NO.	

Driver Copy

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SHIPPER'S NAME

PICK UP ADDRESS

CITY PROV. COUNTRY POSTAL CODE

CONSIGNEE

DAY & ROSS ACCT. NO. TEL. NO.

CONSIGNEE'S NAME

DELIVERY ADDRESS

CITY PROV. COUNTRY POSTAL CODE

METHOD OF PAYMENT

☐ **PREPAID** ☐ **COLLECT**

☐ CASH IN ADVANCE AMOUNT _____ CURRENCY: ☐ CDN

☐ THIRD PARTY BILL TO ACCOUNT NUMBER _____

☐ VISA ☐ M.C. ☐ AMX EXPIRY DATE _____

CARD NO _____

OTHER BILL TO PARTICULARS

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PRINT		POWER NO.		TRAILER NO.	

Shipper Copy