



P.O. Box 845, Hartland, NB E7P 3K4
 Tel: (506) 375-8600 • Fax: (506) 375-8822



BILL OF LADING

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

SHIPPER'S NO. _____

CARRIER'S NO. _____

VEHICLE NO. _____

AT _____ DATE _____
 (Point of Origin)

SHIPPER _____

Received at 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, whether printed or written, herein contained, including conditions on the 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 Pieces or Quantity	Description of Goods and Special Marks	Weight (Subject to Correction)	Rate	Amount	
					FREIGHT CHARGES PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> Freight charges will be collect unless marked prepaid. THIRD PARTY BILL TO: _____ _____ _____

- 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.
- Carrier is not responsible for pallet condition or return, unless specified, and signed by both parties.
- Carrier is not responsible for cargo quantities or condition, if not allowed to be present to observe loading and unloading. Under these conditions the load will be considered "Shipper load and count".

C.O.D.	
AMOUNT \$ _____	C.O.D. FEE PREPAID <input type="checkbox"/>
FEE \$ _____	C.O.D. FEE COLLECT <input type="checkbox"/>

(RECEIPT OF GOODS AT DESTINATION)

R.I.N. R-039932-0

Received in apparent good order (except as noted), from **Professional Carriers Inc.**

at _____ the goods described herein.

_____ Consignee. Date _____

DECLARED VALUATION \$ _____ MAXIMUM LIABILITY \$4.41 per kg (\$2.00 per lb.) UNLESS DECLARED VALUATION STATES OTHERWISE.

Shipper _____ Carrier **Professional Carriers Inc.**

Per _____ Per _____