



P.O. Box 481, Station Main, Bolton, ON L7E 5T3

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Carrier's No. **Bill of Lading - Original - Not Negotiable** Shipper's No.

Vehicle No. (Issued in accordance with the Regulations made under the Public Commercial Vehicle Act)

AT (Point of Origin) Date

Shipper Postal Code

Received at the 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 not prohibited by law, whether printed or written, herein contained, including conditions on 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 PACKAGES	DESCRIPTION OF ARTICLES, MARKS AND EXCEPTIONS	WEIGHT (Subj. to correction)	RATE	AMOUNT	CHARGES
					<input type="checkbox"/>
					PREPAID
					<input type="checkbox"/>
					COLLECT
					FREIGHT CHARGES WILL BE COLLECT UNLESS MARKED "PREPAID"

- 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.
- When a shipment is at "owner's risk" the words "OWNER'S RISK" must be entered and initialized by both parties thereto.
- Shipment is received subject to the classification and tariffs in effect on the date of the receipt by the carrier of the property described in the original bill of lading.

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

Received in apparent good order (except as noted), from

At.....the goods described herein

.....Consignee. Date

DECLARED VALUATION \$ **MAXIMUM LIABILITY \$2.00 PER POUND**
UNLESS DECLARED VALUATION STATES OTHERWISE
(SEE CONDITIONS 10 ON BACK)

Shipper Carrier.....

Per Per

(This Bill of Lading is to be signed by the Shipper and Carrier)