## STRAIGHT BILL OF LADING

## BILL OF LADING

DATE: \_\_\_\_\_

Shipper Name	(FROM)		Bill of Lading Number			Shipper's Number				
Street Address			Purchase Order #			Quote Number				
City / Town	Province / State		Freight Charges (Check One)  Enter Info Below							
Postal / Zip Co	de Phone #		PREPAID COLLECT THIRD PARTY  If not marked Shipment will move COLLECT							
Consignee Name (TO) Street Address			Bill to Name							
			Overseas Transport Systems							
			Street Address 1695 BLVD LAVAL SUITE# 230							
			1695	BLVD LAVAL S	SUITE# 2	230				
City / Town		City / Town LAVAL			Province / State  QUEBEC					
Postal / Zip Co	de Phone #				Phone #					
Fostat / Zip Co	rione #		Postal / Zip Code H7S 2M2			877-663-0645				
Routing Information			Special Instructions							
_										
# OF PIECES	IECES DESCRIPTION OF THE GOODS, MARKS,				WEIGHT IN LBS. LENG		GTH WIDTH		HEIGHT	
Total Pieces				Total Weight		En	nergency	Response F	Phone	
			Maximur	DE( n Liability of carrie	CLARED	VALUE er pound	\$_ unless a c	declared v	alue is entered here	
package unknowr cause to be carri goods over all or	point shown on the date specified, from the consignor mentionen) marked, consigned and destined as indicated above, which the ed by another carrier on the route to said destination, subject rany portion of the route to destination, and as to each party y law, whether printed or written, including conditions on back	he carrier agrees to carry to the rates and classific at any time interested in	erein descri y and to del ation in effe n all or any	bed, in apparent good iver to the consignee a ect on the date of the goods, that every serv	order, except at the said de shipment. It i ice to be per	t as noted ( stination, it s mutually a formed here	contents an f on its own agreed, as t eunder shal	nd conditions n authorized to each carri	of contents of route or otherwise to er of all or any of the	
Shipper		Carrier		-	Date			Number of Pieces Received		
Per		Per			Time					