

STRAIGHT BILL OF LADING



TRICOR

TRANSPORTATION INC.

Date _____

PHONE (250) 729-9111, Fax: (250) 729-9112
TOLL FREE 1-877-729-9111

Job Number _____

SHIPPER	
ADDRESS	
CITY	POSTAL CODE
BILL TO:	

SHIPPER TO CIRCLE
PREPAID
COLLECT
IF NOT CIRCLED SHIPMENT WILL MOVE COLLECT
TERMS: 7 DAYS FROM DATE OF SHIPMENT

Received at the point shown on the date specified and from the shipper mentioned herein, the property herein described in apparent good order, except as noted herein, which said carrier agrees to carry and deliver to said consignee at the said destination as indicated herein. It is mutually agreed by all parties that every service shall be performed hereunder shall be subjected to all conditions not prohibited by law, whether printed or written and are here agreed to by the shipper and accepted by himself and assigns. CLAIMS. Notice of claims must be reported to the carrier within 24 hours of delivery or in case of non-delivery within 24 hours of the date of expected delivery. The carrier under no circumstances will be responsible for consequential loss or damage including claims for down time or loss of use, insurance which is the responsibility of the consignor. Carriage of these goods subject to the terms and conditions of the Motor Carrier Act of British Columbia.

CONSIGNEE	
ADDRESS	
DESTINATION	PHONE

PURCHASE ORDER
SHIPPER'S NUMBER

NO. OF PIECES	DESCRIPTION OF GOODS	WEIGHT	RATE	AMOUNT

SIZE: LENGTH	WIDTH	HEIGHT	TRUCK#	TRAILER#
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TIME IN:	TIME OUT:	PERMIT #	PILOT CAR: YES NO
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DECLARED VALUATION: Maximum liability to the carrier is limited to \$2.00/lb. unless declared value states otherwise **DECLARED VALUE: \$**

SHIPPER	CARRIER
_____	_____
NAME	DRIVER
CONSIGNEE	CARRIER
_____	_____
NAME	DRIVER
_____	_____