P.O. BOX 2020 PRUMHELLER, AB TOJ 0YO PHONE 1 (800) 622-5800 GST # R 102366648					REF. #	DATE	1							
TO CONSIGNEE					2 FROM SHIPPER						3 BARCODE PLACEMENT			
ADDRESS					ADDRESS									
CITY	CITY PROVINCE POSTAL CODE			CODE	CITY PROVINCE POSTAL C					POSTAL CODE	PLACEME			
() - TELEPHONE			10314	CODE	() -		TELEPHONE			TOSTAL CODE				
			SPECIAL NOTA	TIONS										
NUMBER AND TYPE OF PKGS.	AND TYPE OF PKGS. D.G. PARTICULARS OF GOODS, MARKS A			RKS AND) EXCEPTIONS	QU	QUALITY FLOW SYSTEM							
						KG LB	-	CHKR		PIECE	FRE	FREIGHT CHARGES		
						UNLOAD BY					LECT			
							RELOAD				_ Freig	nless marked		
<u> </u>					6	BY UNLOAD				Q	Quotatio	on #		
							BY RELOAD				C.0	D.D. SHIF	MENTS	
							BY	3				\$	10	
									CHKR	C.O.	D. FEE LECT	C.O.D. FEE PREPAID		
													ALUATION	
										\$11				
TOTAL NO. OF PIECES DIMENSION OF SHIPMENT TOT				TOTA	CUBIC FEET TOTAL WEIGHT					In the event of any loss or damage whatsoever, unless a declared valuation is noted, the carrier shall be liable for the				
											lesser of: (i) \$2.00 per pound of the weight of the item damaged or lost or.			
UNCRATED MERCHANDISE CARRIED AT OWNERS RISK OF DAMAGE					PERSONAL EFFECTS TO BE PREPAID AT OWNERS RISK OF DAMAGE						(ii) the actual value of the goods. CHARGES			
MARK WITH "X" TO DESIGNATE DANGEROUS GOODS AS DEFINED IN THE DEPARTMENT OF TRANSPORTATION REGULATIONS.														
CLASSPG Emergency 24 hr. Phone number required on all dangerous goods shipment. Ph.										RATE 13				
								COD						
Lyes No Type of placard: Lyes No NOTICE OF CLAIM										OTHER				
a) No carrier is liable for loss, damage or delay to any goods carried under the Bill of Lading unless notice thereof setting out particulars of the origin, and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or the delivering carrier within sixty (60) days after									GST					
the delivery of the goods, in the case of failure to make delivery, within (9) months from the date of shipment. b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.										TOTAL				
SHIPPER SIGNATURE 14	PER 1/ PICKUP 15				UNIT	CONSI	SIGNEE 16			DELIVERY DRIVER			UNIT	
PRINT NAME PER		DATE		TIME		PRINT	ONE	ME			DATE		ТІМЕ	

DESIGNATIONS