BILL OF LADING

POLARIS TRANSPORT CARRIERS INC

7099 TORBRAM ROAD
MISSISSAUGA, ON   **L4T 1G7**
Phone: **905 671-3100**   Fax: **905 671-4600**

SHIPPER PLEASE NOTE

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

FREIGHT CHARGES: PREPAID   COLLECT

DATE SHIPPED (DD/MM/YYYY)
10/10/2024

SHIPPER (FROM)	CONSIGNEE (TO)	TRACKING NO.
SHAWMUT PARK AVENUE	TRULIFE	P2803957
ADDRESS	**ADDRESS**	**ORIGINAL BILL OF LADING NO.**
1808 CADIZ ST	39 E DAVIS ST	
CITY, PROVINCE/STATE POSTAL/ZIP CODE	**CITY, PROVINCE/STATE POSTAL/ZIP CODE**	**CUSTOMER ORDER NO.**
BURLINGTON, NC 27217	TRENTON, ON K8V 4K8	
SHIPPER'S PHONE NO.	**CONSIGNEE'S PHONE NO.**	**PURCHASE ORDER NO.**
AMY Ext	Ext	

BILL THIRD PARTY FREIGHT CHARGES TO

AVERITT EXPRESS INC.

PLACE PRO-BILL HERE

DESCRIPTION

NUMBER SHIPPING UNITS	HM*	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL REMARKS AND EXCEPTION	NMFC NO.	CLASS	WEIGHT (LBS) Subject to connections
1 PLT		FABRIC			363.00LB

Dims:
065-044-026

Bill of Lading :SI   13565202294321

******************** IMPORTANT ********************
PLEASE FAX CUSTOMS DOCUMENTS TO (905) 671-9428
OR EMAIL TO customs@polaristransport.com

**PLEASE ATTACH THIS BILL ALONG WITH
(YOUR ORIGINAL) BILL OF LADING**

I hearby declare that the contents of this consignment are fully and accurately described above by the proper shiping name, are properly classified and packaged, have dangerous goods safety marks properly affixed and displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations.

Subject to Section 7 of conditions of Applicable Bill Of Lading, If this shipment is to be delivered to the consignee without recourse on the consignor , the consginor shall sign the following statement, the carrier shall not make delivery of the shipment

HAZARDOUS MATERIALS
EMERGENCY CONTACT NO.

DECLARED VALUATION   MAXIMUM LIABILITY OF $2.00 PER POUND ($4.41 PER KG) UNLESS DECLARED VALUATION
$

SHIPPER SIGNATURE	**POLARIS TRANSPORT PER**	
X	X	
CONSIGNEE'S SIGNATURE - RECEIVED IN GOOD ORDER	**PRINT** - CONSIGNEE NAME	**DATE RECEIVED** (DD/MM/YYYY)
X	X	