Five Star Transport Inc
1220 Aerowood DR
Mississauga, Ontario
L4W 1B7 Canada

Phone :905 624 6471
Fax : 647 800 6929
Fax :313 422 0981
E-Mail dispatch@fivestartransport.ca

Bill of Lading

Date:_____

SHIP FROM	
Name:_____	
Address:_____	
City/State/Zip:_____	
Contact:_____ Ph#:_____	
SHIP TO	
Name:_____	
Address:_____	
City/State/Zip:_____	
Contact:_____ Ph#:_____	
SPECIAL INSTRUCTION:	
Master bill of lading with attached ☐ underlying of lading	

Bill Of Lading#:_____
SCAC:_____
Pro #:_____

BAR CODE SPACE

Carrier name:_____
Trailer#:_____
Seal#:_____

THIRD PARTY FREIGHT BILL CHARGE TO

Name:_____
Address:_____
City/State/Zip:_____
Contact:_____ Ph#:_____

Freight Charge Terms: (Freight charges are paid unless mark otherwise)
Prepaid: ☐ Collect: ☐ 3rd Party ☐

# of Pcs or Skids	D.G/H.M	DISCRIPTION OF ARTICLES	WEIGHT Kg /Lbs
		GRAND TOTAL	

CONSIGNEE SIGN:_____PRINT NAME:_____
# of Pcs or Skids:_____DATE:_____SEAL INTACT:_____

Maximum liability of $2.00 per pound ON THE ACTUAL WEIGHT OF THE SHIPMENT unless declared valuation states otherwise. A surcharge is applicable when the declared value is in excess of $2.00 per pound.
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding_____Per _____."

COD Amount: $_____
Fee Terms: Collect: ☐ Prepaid: ☐
Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c) (1) (A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____**Shipper Signature**

SHIPPER SIGNATURE / DATE
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
SHIPPER:_____ # of Pcs or Skids:_____

Sign:_____ Date:_____

Freight Counted:
☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

Trailer Loaded:
☐ By Shipper
☐ By Driver

CARRIER SIGNATURE / PICKUP DATE
CARRIER:_____
# of Pcs or Skids:_____
Sign:_____
Date:_____