CLIENT TRANSPORT INC.

71 NITHVIEW DRIVE, NEW HAMBURG, ON N3A 2H3
TERMINAL: 740 BEAVERDALE ROAD, CAMBRIDGE, ON N3C 2V3
(519) 220-0942 OR 1-800-387-8544
FAX: (519) 220-1272

THIS SHIPPING ORDER must be legibly filled in, in ink, in indelible Pencil or in Carbon, and retained by the Agent.

BILL OF LADING NUMBER

RECEIVED, subject to the classification and tariffs in effect on the date of the receipt by the carrier of the goods described in this Original Bill of Lading.

SHIPPER: ..... DATE: .....

ADDRESS: ..... (NUMBER / STREET / CITY / PROVINCE)

Received at the point shown on the date specified and from the shipper mentioned herein, the goods herein described, in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier agrees to carry and deliver to the said Consignee at the said destination if on his own route, otherwise to deliver to another Carrier on the route to said destination. It is mutually agreed as to each Carrier of all or any of said goods over all or any portion of said route to destination, and as to each party at any time interested in all or any of said goods that every service to be performed hereunder shall be subject to all the conditions, not prohibited by law, whether printed or written, including any additional conditions created by the carrier on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNED TO: ..... AT: ..... (DESTINATION) (PROVINCE or STATE)

STREET ADDRESS: ..... ROUTE: .....

PIECES/PACKAGES	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT (SUBJECT TO CORRECTION)	RATE

C.O.D.

CASH ON DELIVERY

AMOUNT $

FEE $

TOTAL $

TOTAL NUMBER OF PIECES/PACKAGES	WHERE REQUIRED BY THE TARIFF, SHIPPER MUST COMPLETE THE FOLLOWING				
	DIMENSIONS OF SHIPMENT	TOTAL CUBIC FEET	DIMENSIONAL WEIGHT	TOTAL WEIGHT	NUMBER X.L. PIECES/PACKAGES

PREPAID ☐ **COLLECT** ☐

SHIPPER

PER .....

.....

PERMANENT POST OFFICE ADDRESS OF SHIPPER

AGENT

PER .....

.....

.....

DECLARED VALUE OF SHIPMENT
$
MAX. LIABILITY $2.00 PER LB.

SHIPPER'S NUMBER

Ritz Printing Incorporated - New Hamburg

(THIS BILL OF LADING/EXPRESS SHIPPING CONTRACT IS TO BE SIGNED BY THE SHIPPER AND CARRIER)

Serving South Central Ontario and Bordering States

LTL, Truckload & Expedite