



Bill of Lading - Original - Non Negotiable		Shipper's B/L#
Listed in accordance with the Regulations made under the Commercial Vehicles Act		
Shipper's Ref#	Shipper's Ref#	

Shipper: _____ Date: _____
 Address: _____
 City: _____ Prov/State: _____ Postal/Zip: _____
 Contact: _____ Phone: _____ Fax: _____

Received at point of origin on this date from the shipper, the goods herein described, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned, and destined as indicated below, which the carrier agrees to carry and deliver to the consignee at the destination if on its own route, otherwise to deliver to another carrier on the route to the destination.
 It is agreed as to each carrier of all or any of the goods over all or any of the goods over all or any portion of the route to destination, as to each party at any time interested in all or any of the goods, that every service to be performed hereunder shall be subject to all the conditions, whether printed or written, herein contained, including conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Receiver: _____ Date: _____
 Address: _____
 City: _____ Prov/State: _____ Postal/Zip: _____
 Contact: _____ Phone: _____ Fax: _____

Declared Valuation \$ _____
 CDN US **MAXIMUM LIABILITY \$2.00 PER POUND UNLESS
 DECLARED VALUATION STATES OTHERWISE**

No. of Packages or Quantity Shipped	HM*	Description of goods and special marks <small>*If hazardous material, you must show U.N. # or N. A. #</small>	Weight (Subject to correction)	Freight Charges
		Goods Labeled <input type="checkbox"/> Placards Supplied <input type="checkbox"/>		PREPAID <input type="checkbox"/>
				Freight Charges will be collect unless marked Prepaid
				COLLECT <input type="checkbox"/>
				C.O.D. AMOUNT
				\$ _____
BILL TO				CDN <input type="checkbox"/> U.S. <input type="checkbox"/>
				COD FEE \$ _____
EXPORT DOCUMENTS ATTACHED		SPECIAL INSTRUCTIONS:		
<input type="checkbox"/> B-13 <input type="checkbox"/> E-15 <input type="checkbox"/> E-29 <input type="checkbox"/> 1-60:H <input type="checkbox"/> COMM. INV. <input type="checkbox"/> U.S. CUSTOMS DOCS <input type="checkbox"/> CERTIFICATE OF ORIGIN				PREPAID <input type="checkbox"/>
				COLLECT <input type="checkbox"/>
SHIPPER: _____		CARRIER: CRITICAL CARGO/		
PER _____		Driver _____		
PHONE NO: _____		P/U Unit # _____		
All Packages Properly Addressed <input type="checkbox"/> All Packaged for Shipping <input type="checkbox"/> Date _____				
Exception _____				

BILL OF LADING MUST BE SIGNED BY BOTH SHIPPER AND CARRIER COPY#1 - SHIPPER COPY#2 - DRIVER

Use of the electronically generated bill of lading constitutes shippers acceptance and understanding of the terms and conditions posted on the Critical Cargo website at <http://www.criticalcargo.com/terms.shtml>.