

1. Vendor / Shipper (Name & Address)		2. Date of Direct Shipment / Shipping Date		3. Reference Nos. (P.O., Shippers, Etc.)	
4. Consignee (Name & Address)		5. Importer of Record (Name & Address if other than Consignee)			
Canadian Customs Broker (Name)		Check One Clear at Border <input type="checkbox"/> Move in Bond to Destination* <input type="checkbox"/>		6. Country of Origin (Manufacture)	
Broker's Phone No.		Broker's Fax No.		8. Terms of Payment & Terms of Sale	
				9. Currency of Sale	

CUSTOM SERVICES (Additional charges will apply)			Refer to www.cfmvt.com for service availability from your area. If a custom service is not selected, this shipment will move according to CF Managing Movement regular service standards.			Quote Number: _____		
Early Morning Delivery Service: before 10:30 am <input type="checkbox"/> before 9:00 am <input type="checkbox"/> before 7:00 am <input type="checkbox"/>	Shortcut <input type="checkbox"/>	Urgent <input type="checkbox"/>	Quote number required prior to shipping. Please call our Business Center 1-888-868-7923			Air <input type="checkbox"/>	Overnight <input type="checkbox"/>	Air 100 <input type="checkbox"/>
		Enter Urgent quote number _____				Enter quote number in space above		

10. Number Shipping Units	HM DM	11. Kind of Packaging, Description of Articles, Special Marks and Exceptions.	NMFC	Class	12. WEIGHT <input type="checkbox"/> Lbs <input type="checkbox"/> Kilos	13. QUANTITY State Unit	14. UNIT PRICE	15. TOTAL

WEIGHT TOTAL	16A. Net	16B. Gross	INVOICE TOTAL
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18. Exporter (Name and Address if other than vendor/shipper)	19. Third Party Bill to for Freight Charges, if applicable (Name & Address)
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20. If Commercial Invoice is attached, check this box <input type="checkbox"/> Commercial Invoice Number _____	24. If included in Field 17, indicate amount: a. Transportation charges, expenses and insurance from the place of direct shipment to Canada b. Cost for construction, erection and assembly incurred after importation into Canada c. Export Packing _____	25. If included in Field 17, indicate amount: a. Transportation charges, expenses and insurance from the place of direct shipment to Canada b. Amounts for commissions other than buying commissions. c. Export Packing _____	26. Check (if applicable) Royalty payments or subsequent proceeds are paid or payable by purchaser <input type="checkbox"/> The purchaser has supplied goods or services for use in the production of these goods. <input type="checkbox"/>
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22. Carrier Code _____	22. If fields 24 to 26 are not applicable, check the box <input type="checkbox"/>
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27. COD AMOUNT: COD FEE: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect Is Customer's Check Acceptable for COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	FREIGHT CHARGES (check appropriate box) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third Party If not indicated, shipment will automatically move prepaid
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29. NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. If the value is omitted, the shipment will be subject to the lowest actual or released value in NMF 100 series. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding: \$ _____ per _____	28. Subject to section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor
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30. Shipper	32. Carrier
31. Authorized Signature	33. Authorized Signature

DATE: _____

TIME: _____

ARRIVE DEPART

PLACE PRO LABEL HERE

DECLARED VALUATION: MAXIMUM LIABILITY OF CARRIER IS \$5.00 PER LB. UNLESS DECLARED VALUATION STATES OTHERWISE. AN EXCESS VALUATION CHARGE OF 2% WILL BE ASSESSED ON VALUATION IN EXCESS OF \$5.00 PER LB. \$

INDICATE HERE IF SHIPPED AT SHIPPER'S AND/OR OWNER'S RISK OF DAMAGE INITIAL

Instruction for Bill of Lading Preparation

1. Vendor / Shipper name and address in the US.
2. Date of Direct Shipment - date shipment began transit from origin.
3. Reference. May be used for shippers P.O. number, etc.
4. Consignee name and address in Canada. Canada Customs Broker.
5. Importer of Record (party responsible for payment of duty and taxes.)
6. Country origin. (Critical for Free Trade Agreement purposes.)
7. Custom Services Selection.
8. Terms of payment; e.g., 30 days, FOB origin / destination, etc.
9. Currency of sale.
10. Number of shipping units or devices; e.g., 1 pallet, 2 drums, 50 cartons.
11. Description of product and packaging. NMFC / freight class needed for purposes.
12. Weight, including packaging.
13. Quantity or units of product; e.g., "25 boxes", "1 set," 10 components, 18 boxes on 2 skids, etc.
14. Price per product unit as ref. in 13.
15. Invoice price for product. column 13 times 14.
- 16A. Weight net of packaging.
- 16B. Weight including packaging.
17. Sum of column 15.
18. Exporter. (Complete only if different than Vendor / Shipper in 1.)
19. Third party, Bill to for Freight Charges.
20. Check box if commercial invoice is attached and state invoice number.
21. Departmental ruling applicable.
22. Carrier code
23. Please check if fields 24 - 26 are applicable.
24. I.-Break out transportation charges and insurance if included in field 17. II.-Break out cost of construction or assembly at site if included in field 17. III.-Cost of packing, if not included in field 17.
25. I.-Transportation cost from place of manufacture to actual point of direct shipment to Canada. II.-Commissions applicable, other than buying commissions. III.-Cost of packing, if not included in field 17.
26. Check only if applicable.
27. - 33. Bill of lading terms and conditions, COD, Prepaid / Collect freight (please check one), shipper and carrier signatures.