



* REGISTERED QUALITY SYSTEM
ISO 9001:2015

Regional Office Edmonton:
* 402 53114 Range Road 262
Zone 2, Acheson, AB
T7X 5A1
Ph. 780-452-5275
1-800-232-7384

www.manitoulintransport.com
BILL OF LADING
Not negotiable
Customer Service 1-800-265-1485

BILL OF LADING NO.	DOLFO TRANSPORT LTD. DUCKERING'S TRANSPORT LIMITED EXALTA TRANSPORT CORP. MANITOULIN TRANSPORT INC. NORTHWEST TRANSPORT LTD. RAINBOW TRANSPORT (1974) LTD. RIDSDALE TRANSPORT LTD.	----- PLEASE PLACE TOP OF BAR CODE STICKER STRAIGHT ON DOTTED LINE			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; text-align: center;">D</td> <td style="width:33%; border: 1px solid black; text-align: center;">M</td> <td style="width:33%; border: 1px solid black; text-align: center;">Y</td> </tr> </table>	D	M	Y		
D	M	Y			

SHIPPER CUSTOMER CODE NAME ADDRESS CITY CONSIGNEE CUSTOMER CODE NAME ADDRESS CITY	Declared Valuation \$ _____ Per: 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.	
FREIGHT CHARGES <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-right: 1px solid black; padding: 5px;">PREPAID / Bill Shipper</td> <td style="width:50%; padding: 5px;">COLLECT / Bill Consignee</td> </tr> </table> Freight charges will be collect unless marked prepaid. - OR -	PREPAID / Bill Shipper	COLLECT / Bill Consignee
PREPAID / Bill Shipper	COLLECT / Bill Consignee	

ROUTING / CARRIER								TRANSFER POINT		BILL THIRD PARTY	
Pieces and Type of Packaging	DG (X)	UN Number	Shipping Name And Description	Class	Packing Group	Other	Weight	Cust.Code		Name & Address	
		UN									
		UN									
		UN									
		UN									
		UN									
		UN									
		UN									
		UN									
		UN									
		UN									

P.O. #	REF#	SHIPPER'S #
---------------	-------------	--------------------

SHIPPER: PLEASE COMPLETE THE FOLLOWING /					C.O.D.	
TOTAL NO. OF PIECES	LENGTH	DIMENSIONS OF SHIPMENT		HEIGHT	AMOUNT	<input type="checkbox"/> C.O.D. FEE PREPAID <input type="checkbox"/> C.O.D. FEE COLLECT
		WIDTH				
TOTAL CUBIC FEET	TOTAL WEIGHT	DIMENSIONAL WEIGHT *		\$ C.O.D. charges will be collect unless marked prepaid		
		* 10 lb/cu.ft./li./p.c.				

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

1. Any agreement covering transportation of the goods described herein with other than due dispatch, or for specific time, must be endorsed on this bill of lading and signed by the parties hereto.
 2. When a shipment is at shipper's risk, the words "At Shipper's Risk" must be entered and initialed by both parties hereto.

SHIPPER PER: _____	CARRIER PER: _____	UNIT NO. / _____	CHECKER _____
NOTE: UNCRATED MERCHANDISE AT SHIPPER'S RISK. THIS BILL OF LADING TO BE SIGNED BY SHIPPER AND CARRIER.			