

# BILL OF LADING

Date:

BOL NUMBER:

Exporter / Shipper / Seller	
Name:	<input type="text"/>
Address:	<input type="text"/>
City/State:	<input type="text"/>
Phone:	<input type="text"/>
IRS#:	<input type="text"/>

*Please Place Pro-Label In This Box*

  
**TRANS-ONTARIO EXPRESS**  
3555 McNicoll Ave.  
Scarborough, ON M1V 5M9  
Phone: (416) 298-1060 Fax: (416) 298-3138

Consignee	
Name:	<input type="text"/>
Address:	<input type="text"/>
City/State:	<input type="text"/>
Phone:	<input type="text"/>
IRS#:	<input type="text"/>

Buyer (If other than consignee)	
Name:	<input type="text"/>
Address:	<input type="text"/>
City/State:	<input type="text"/>
Phone:	<input type="text"/>
IRS#:	<input type="text"/>

Freight Charge Terms:		
<input type="checkbox"/> Pre-Paid	<input type="checkbox"/> Collect	<input type="checkbox"/> Third Party

Special Instructions	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Customs Broker:

No. Units Shipped	Unit of Measure	Commodity Description <small>Commodities requiring additional care or attention must be marked in the Special Instructions</small>	Weight
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Quantity:

Total Weight:

### Carrier Information

Company Name:  P/U Driver:  Del. Driver:

### Shipper's Signature

I hereby certify that the above named materials are properly classified, packaged, marked, and conform to the regulations of the DOT

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Consignee's Signature

Received, the property described above in apparent good order, except as noted, marked, consigned, and destined.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_