

BILL OF LADING (NON NEGOTIABLE)



DATE		SHIPPER'S NO.		CSA TRACKING NO.	
SHIPPER <small>(Print company name)</small>				CONSIGNEE <small>(Print company name)</small>	
ADDRESS				ADDRESS	
CITY, STATE / PROVINCE			ZIP / POSTAL CODE		CITY, STATE / PROVINCE
CITY, STATE / PROVINCE			ZIP / POSTAL CODE		ZIP / POSTAL CODE
TELEPHONE				TELEPHONE	
FREIGHT CHARGES WILL BE COLLECT <input type="checkbox"/> PREPAID <input type="checkbox"/> 3 RD PARTY BILL TO: _____ <small>UNLESS MARKED OTHERWISE (If applicable print 3RD party bill to name)</small>					
CUSTOMS BROKER:					
NO. OF HANDLING UNITS (PALLET/CRATES)	NO. OF PIECES	DESCRIPTION OF ARTICLES MARKS AND EXCEPTIONS			CLASS
WEIGHT (SUBJECT TO INSPECTION)					
TOTAL UNITS		TOTAL PCS.		DECLARED VALUATION: \$ _____	
					TOTAL WEIGHT
NOTE: Pursuant to item 510 of CSA's Terms and Conditions our legal liability limit does not exceed \$4.41 per kilogram or \$2.00 per pound under any condition. If a higher valuation is required CSA must be notified in advance and an additional charge may apply.					
This shipment is subject to the terms and conditions found online at www.csatransportation.com and shall apply unless other specific agreements are reached and agreed to in writing and signed by a CSA Transportation manager authorized to do so. The shipper hereby certifies that he is familiar with the terms and conditions document at www.csatransportation.com and the same terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. CSA agrees to carry this shipment to its final destination under the terms and conditions of this Bill of Lading					
NOTE: This space is reserved for shippers specific request or special agreement between shipper and CSA					
All shipments are subject to CSA terms and conditions available at: www.csatransportation.com				DRIVER USE ONLY	
SHIPPER NAME: _____ <small>(Print name)</small>				CSA TRACKING NO.: _____	
SIGNATURE: _____				Pieces Counted Yes <input type="checkbox"/> No (Said To Contain) <input type="checkbox"/>	
DATE: _____				# of pieces: _____	
CONSIGNEE NAME: _____ <small>(Print name)</small>				Pallets Counted Yes <input type="checkbox"/> No (Said To Contain) <input type="checkbox"/>	
SIGNATURE: _____ <small>FREIGHT RECEIVED IN APPARENT GOOD ORDER (EXCEPT AS NOTED)</small>				# of pallets: _____ Shrink Wrapped Pallet <input type="checkbox"/>	
DATE: _____				Freight Conditions or Exceptions: _____	
				Driver: _____ Date: _____	

VANCOUVER T 604.214.0006 F 604.214.0008	CALGARY T 403.279.0555 F 403.279.0577	EDMONTON T 877.279.0585 F 403.279.0577	TORONTO T 416.754.0999 F 416.292.5217	MONTREAL T 514.631.8893 F 514.631.4548	NEW YORK T 347.394.7437 F 347.394.7436	DALLAS T 817.527.2350 F 817.527.2355	LOS ANGELES T 562.483.8780 F 562.483.8781	SAN FRANCISCO T 510.265.5535 F 510.265.5545	SEATTLE T 253.218.0799 F 253.218.0797
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