



PREPAID

COLLECT

Date _____

81 Select Avenue, Scarborough, Ontario M1V 4A9 Tel: (416) 754-8825 • Fax: (416) 754-7588

TO (Consignee):

FROM (Shipper):

Address

Address

Postal Code

Attn:

DECLARED VALUATION

SERVICE

VEHICLE NO.

\$
 MAXIMUM LIABILITY \$2.00 PER LB.
 UNLESS DECLARED VALUATION STATES OTHERWISE

REGULAR

DIRECT RUSH

TAILGATE

TRAILER NO.

NO. OF PIECES	DESCRIPTION	WEIGHT	RATE	CHARGES (For Carrier Use Only)

SHIPPER

PER _____

DATE _____

CARRIER

PER _____

DATE _____

**CONSIGNEE
(Signature)**

NAME
(Print)

DATE