



Dispatch: 905.578.4242
 In Watts: 1.800.263.4843
 Fax: 905.578.7332

450 SHERMAN AVE. N., 2nd FLR., HAMILTON, ON, CANADA L8L 8J6

If It's On Time...It's A "FLUKE"

Trailer No. _____
 Vehicle No. _____

Bill of Lading - Original - Not Negotiable

Bill of Lading No.: _____

(Issued in accordance with the Regulations made under the Public Commercial Vehicles Act)

At _____ Date _____
 (Point of Origin)

Shipper _____

Received at point of origin on this date from the shipper, the goods herein described, in apparent good order, except as noted (contents and conditions of contents of packages unknown) marked, consigned, and destined as indicated below, which the carrier agrees to carry and deliver to the consignee at the destination if on its own route, otherwise to deliver to another carrier on the route to the destination.

It is agreed as to each carrier of all or any of the goods over all or any portion of the route to destination, and as to each party at any time interested in all or any of the goods, that every service to be performed hereunder shall be subject to all the conditions, whether printed or written, herein contained, including conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to _____ At _____
 (Destination) (Province or State)

Street Address _____ Route _____

NO. of Pieces or Quantity	Description of goods and special marks	Weight (Subject to Correction)	Rate	Amount	Freight Charges PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> Freight charges will be collected unless marked Prepaid. When goods move under CLASS "C" authority - freight charges will be paid by

1. Any agreement covering transportation of the goods described herein with other than due despatch, or for specific time, must be endorsed on this bill of lading and signed by the parties hereto.

2. When a shipment is at "owner's risk", the words "AT OWNER'S RISK" must be entered and initialled by both parties thereto.

C.O.D.	
AMOUNT \$ _____	
FEE \$ _____	
C.O.D. FEE PREPAID <input type="checkbox"/>	C.O.D. FEE COLLECT <input type="checkbox"/>

(Receipt of goods at destination)

Received in apparent good order (except as noted), from FLUKE TRANSPORT LIMITED

at _____ the goods described herein.

_____ Consignee. Date _____

DECLARED VALUATION \$ _____

**MAXIMUM LIABILITY \$1.50 PER POUND
 UNLESS DECLARED VALUATION STATES OTHERWISE
 (See Condition 10 on back)**

Shipper _____ Carrier _____
 Per _____ Per _____

(This Bill of Lading is to be signed by the Shipper and Carrier)