



1297683 Alberta Ltd. O/A:

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 Fax: (780) 488-2339  
 Toll Free: 1-888-488-2311  
 12232-156 St., Edmonton, AB T5V 1E6

**Scheduled Freight Service**  
 LTL & Full Loads, Hot Shots, Mats  
 Edmonton • Grande Prairie • Peace River • Fort St. John  
 Dry Van / Low Bed / Super B & Tridem Decks

<b>FROM:</b>	DATE	WILLY'S QUOTE NUMBER
ADDRESS (Shipper)		<b>SHIPPER TO CHECK</b> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> 3rd PARTY BILLING  If not indicated the shipment will automatically move collect.
ORIGIN (Street & Number)	PHONE #	
(City) (Province) (Postal Code)		
Received at the point shown on the date specified and from the shipper mentioned herein, the property 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 said carrier agrees to carry and deliver to the said consignee at the said destination if on its own route, otherwise to deliver to another carrier on the route to said destination, subject to the classification and tariffs in effect on the date of shipment. It is mutually agreed as to each carrier of all or any said property over all or any portion of said route to destination, and as to each party at any times interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written which are herein agreed to by the shipper and accepted for himself and his assigns. The contract for the carriage of the good listed in this bill of lading is covered by regulations in force in the jurisdiction at the time and place of shipment and is subject to the conditions set out in such regulations.		
<b>CONSIGNEE TO:</b>		PHONE #
ADDRESS		
DESTINATION (Street & Number)		
(City) (Province) (Postal Code)		

NO. OF PIECES	DESCRIPTION	DIMENSIONS	WEIGHT	Dangerous Goods				U.N. #
				Primary Class	Subsidiary Class	Packing Group		

PLACARDS REQUIRED:  
 YES    NO  
 PLACARDS PROVIDED (min 6):  
 YES    NO\*  
\*refuse shipment.

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.

**Shipper's Name (Print):** \_\_\_\_\_

24 Hour Number	ERAP Phone / Ref #
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**NOTICE OF CLAIM**  
 (a) No carrier is liable for loss, damage or delay to any goods under the Bill of Lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of each loss, damage or delay is given in writing to the originating carrier or the delivering carrier within thirty (30) days after the delivery of the goods or, in the case of failure to make delivery, within nine (9) months from the date of shipment.  
 (b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.

SUBJECT TO 10 LBS PER CUBIC FOOT OR 1000 LBS PER LINEAR FOOT USED OVER 10 FEET OF TRAILER

**DECLARED VALUATION \$** \_\_\_\_\_ Maximum liability of carrier is \$2.00 per lb. (\$4.41 per kilogram)  
AVAILABLE AT ADDITIONAL COST

FOR INTERNAL USE ONLY: TRAILER SPACE REQUIRED: _____  Time in: _____ Time out: _____	<input type="checkbox"/> After Hours Pick Up <input type="checkbox"/> Inside Pick Up <input type="checkbox"/> Residential Pick Up <input type="checkbox"/> Attempted Pick Up <input type="checkbox"/> Out of Town Pick Up <input type="checkbox"/> Construction Site Pick Up <input type="checkbox"/> Extra Person Required <input type="checkbox"/> Power Tailgate <input type="checkbox"/> Extra Pick Up on Same Order <input type="checkbox"/> Waiting Time _____
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SHIPPER		PICKUP	
PER (SIGNATURE)	PICKUP DRIVER #	SIGNATURE	
PRINT NAME	NO. OF PIECES	DATE	
	UNIT #	TRAILER #	

CONSIGNEE		DELIVERY	
PER (SIGNATURE)	DELIVERY DRIVER #	SIGNATURE	
PRINT NAME	NO. OF PIECES	DATE	
	UNIT #	TRAILER #	

**Willy's Pickup FB#** \_\_\_\_\_