

Date:

**BILL OF LADING**

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BOL NUMBER:			Please Place Pro-Label In This Box  <b>Mittman</b> <b>Carriers</b>  SERVING GTA – CANADA – USA Phone: 416-292-5556	
<b>Exporter / Shipper / Seller</b>				
Name:				
Address:				
City / State:				
Phone:				
IRS Number:				
<b>Consignee</b>			<b>Buyer (if other than consignee)</b>	
Name:			Name:	
Address:			Address:	
City / State:			City / State:	
Phone:			Phone:	
IRS Number:			IRS Number:	
<b>Freight Charge Terms</b>			<b>Special Instructions</b>	
Pre-Paid	Collect	Third Party		
<b>Customers Broker:</b>				

No. Units Shipped	Unit Of Measure	Commodity Description <small>Commodities requiring additional care or attention must be marked in the Special Instructions</small>	Weight
	Pallet(s)		
	Pallet(s)		
	Pallet(s)		
	Pallet(s)		
	Pallet(s)		
	Pallet(s)		
	Pallet(s)		
Total Quantity:			Total Weight: Lbs

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:	
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**Consignee's Signature**

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

Name:		Signature:		Date:	
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