

HIFAB TRANSPORT

Servicing to and from Calgary, High River, Aldersyde, Okotoks, Mazeppa, Blackie, Cayley, Nanton, Turner Valley, Black Diamond, Longview, Millarville, Herronton and Dewinton
L.T.L and full loads

DISPATCH/OFFICE NUMBER 403-652-7831

www.hifabtransport.com

FORM APPROVED ALTA. MT. TRANS. BD.		NO. 133		BILL OF LADING			SHIP BY TRUCK NOT NEGOTIABLE		PRO. NO.					
CONSIGNOR		(Shipper or Agent)						DATE						
ADDRESS		(Street & Number)			(P.O. Box)			CONSIGNOR'S NO.						
ORIGIN		(City)			(Province)			(Postal Code)						
<p>Received at the point of origin on the date specified, from the consignor mentioned herein, the property herein described, in apparent good order, except as noted (contents and conditions of contents of package unknown) marked, consigned and destined as indicated below, which the carrier agrees to carry and to deliver to the consignee at the said destination, if on its own authorized route or otherwise to cause to be carried by another carrier on the route to said destination, subject to the rates and classification in effect on the date of shipment.</p> <p>It is mutually 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 of any time interested in all or any of the goods, that every service to be performed here under shall be subject to all the conditions not prohibited by law, whether printed or written, including conditions set aside by the standard bill of lading in power at the date of issuing, which are hereby agreed by the consignor and accepted for himself and his assigns.</p> <p>The Contract for the carriage of the goods listed in the bill of lading is governed by regulation in force in the jurisdiction at the time and place of shipment and is subject to the conditions set out in such regulations.</p>														
CONSIGNEE		(Please do not abbreviate the Consignee's Name)						<p style="text-align: center;">FREIGHT CHARGES</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> COLLECT Freight Charges will be collect unless marked prepaid. </div> <div style="text-align: center;"> <input type="checkbox"/> PREPAID </div> </div>						
COMPLETE DELIVERY ADDRESS		(Street and Number help us deliver your shipment)												
DESTINATION		(City)			(Province)									
CARRIER/ROUTE														
C.O.D. SHIPMENTS														
PIECES	PROPER SHIPPING NAME AND SPECIAL MARKS		DANGEROUS GOODS			WEIGHT	RATE	AMOUNT	AMOUNT	\$				
			<small>CLASS</small>	<small>P.I.N.</small>	<small>PKG. GRP.</small>						COLLECTION CHARGE	\$		
			<small>PRIMARY/SUBSIDIARY</small>										<input type="checkbox"/> COLLECT	
													<input type="checkbox"/> PREPAID	
TOTAL	SEAL NUMBER(S)		CARRIER REQUIRES 3 COPIES OF B/L EMERGENCY RESPONSE PHONE (IF NECESSARY)			TOTAL WEIGHT	TOTAL m³		DECLARED VALUATION					
SPECIAL AGREEMENT BETWEEN CONSIGNOR AND CARRIER, ADVISE HERE:		PLACARDS			DIMENSIONS OF SHIPMENT			\$ _____						
		<small>OFFERED TO CARRIER</small>								<small>Maximum liability \$4.41 per kilogram computed on the total weight of the shipment unless declared valuation states otherwise</small>				
		<input type="checkbox"/> YES <input type="checkbox"/> NO												
<small>ACCEPTED BY CARRIER</small>														
<input type="checkbox"/> YES <input type="checkbox"/> NO			<small>Description</small>											
<small>Description</small>														
NOTICE OF CLAIM														
<p>(a) No carrier is liable for loss, damage or delay to any goods under the Bill of Lading unless notice there of setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or the delivering carrier within sixty (60) 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.</p> <p>(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.</p>														
CONSIGNOR			CARRIER				CONSIGNEE							
			PER											
PER			UNIT NO.	DATE		TIME		PER						