



**DHE TRANSPORTER INC.**  
*Dependable Highway Express*  
*"Because We Care About Your Cargo"*  
 www.dhetransporter.ca

Ph: +1.604.725.8068 Fax: +1.604.496.2291  
 #210-8120-128 St., Surrey, BC V3W 1R1  
 Email: sales@dhetransporter.ca  
 admin@dhetransporter.ca

**ORIGINAL BILL OF LADING - NOT NEGOTIABLE**

**CUSTOMER:** \_\_\_\_\_

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the goods described in this Original Bill of Lading. 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 agree 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 destination and as each party of 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, which are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER		CONSIGNEE		
POINT OF ORIGIN		<b>AFFIX PRO STICKER HERE</b>		
DATE				

NO. OF PIECES / PALLETS	DESCRIPTION OF GOODS AND SPECIAL MARKS	WEIGHT (SUBJ. TO CORR)	RATE	AMOUNT	<b>CHARGES</b> <input type="checkbox"/> PREPAID FREIGHT CHARGES WILL BE COLLECTED UNLESS MARKED "PREPAID"  <input type="checkbox"/> COLLECT

**DANGEROUS GOODS**  YES  NO      **PLACARDS REQUIRED**  YES  NO

ANY LOSS OR DAMAGE MUST BE NOTED ON BILL OF LADING AT TIME OF DELIVERY OTHERWISE CONSIGNEE'S SIGNATURE WILL CONSTITUTE CLEAR RECEIPT AND CLAIMS WILL NOT BE HONoured.	<b>CONSIGNEE'S</b>  _____ <b>PRINT NAME</b>	DECLARED VALUE  _____	<b>CONNECTING CARRIER INFORMATION</b> ORIGINATING CARRIER  _____ AT: _____  PRO OR B/L # _____  BEYOND CARRIER  _____ AT: _____  PRO OR B/L # _____
		EXTRA INSURANCE <input type="checkbox"/> YES <input type="checkbox"/> NO	
		PRINT NAME: _____	
		SIGNATURE: _____	

**MAXIMUM LIABILITY \$4.41 per Kilogram UNLESS DECLARED VALUATION STATES OTHERWISE.**

**DHE TRANSPORTER INC.**

SHIPPER: \_\_\_\_\_ UNIT # \_\_\_\_\_  
 \_\_\_\_\_ PER \_\_\_\_\_