

# Grimshaw

TRUCKING L.P.

## STRAIGHT BILL OF LADING - NOT NEGOTIABLE

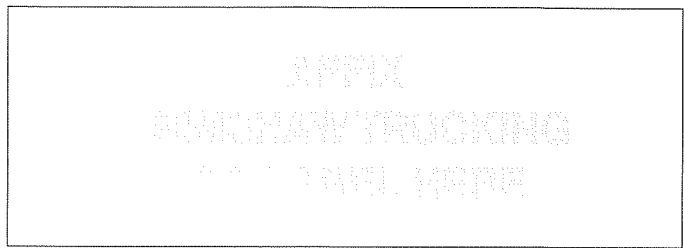
HEAD OFFICE: 11510 - 151 STREET, EDMONTON AB T5M 3N6

PHONE: TOLL FREE NUMBER: FAX:

DISPATCH: 780-414-2880 1-888-414-2850 CUST. SERV: 780-455-7818

CUST. SERV: 780-414-2850 ADMIN.: 780-451-3259

PLEASE VISIT OUR SITE AT [www.grimshaw-trucking.com](http://www.grimshaw-trucking.com)



<b>FROM</b>	DATE	SHIPPER'S B/L #
ADDRESS (Shipper)		GTL QUOTE NUMBER
ORIGIN (Street & Number / P.O. Box)		
(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 of said property over all or any portion of said route to destination, and as to each party at any time 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.

<b>CONSIGNEE TO:</b>	<b>SHIPPER TO CHECK</b> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT
ADDRESS	If not indicated the shipment will automatically move collect.
DESTINATION (Street & Number / P.O. Box)	<b>C.O.D. AMOUNT</b> \$
ROUTING (City) (Province) (Postal Code)	<b>AUXILIARY SERVICE REQUIRED</b> <input type="checkbox"/> REFRIGERATION <input type="checkbox"/> HEAT <input type="checkbox"/> CONTROLLED TEMPERATURE
	AT..... °F or °C <b>MUST CIRCLE ONE</b>

NO. OF PACKAGES	DESCRIPTION OF ARTICLES / PROPER SHIPPING NAME P.O.# / JOB NO.S	DANGEROUS GOODS			WEIGHT IN LBS UNLESS KGS CIRCLED
		CLASS	P.I.N.	PKG. GRP.	

**MUST BE COMPLETED IF SHIPPING DANGEROUS GOODS**

CLASS OF PLACARDS REQUIRED: _____	
SPECIAL AGREEMENT BETWEEN SHIPPER AND CARRIER, ADVISE HERE	SHIPPER'S 24 HOUR EMERGENCY PHONE NO.

**DECLARED VALUATION \$**  
AVAILABLE AT ADDITIONAL COST

Maximum liability of carrier is \$2.00 per lb. (\$4.41 per kilogram)

**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 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.

(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.

THE CONTRACT FOR THE CARRIAGE OF THE GOODS 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.

SHIPPER		PICKUP	
SHIPPER		PICKUP DRIVER #	SIGNATURE
PER (SIGNATURE)		NO. OF PIECES	TRAILER #
PRINT NAME		DATE	TIME

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