Fill this form out electronically then print and fax to 450-687-2469 or e-mail to info@aeromax.ca

BILL OF LADING

Tel: 514-421-1469
Toll Free:1-888-558-4355
www.aeromax.ca

AFFIX PRO STICKER IN THIS AREA

P.O. #

SHIPPER

Company Name | Date

Address | D.N

City | State | Country | ZIP / Postal Code

Name - Department | Telephone Number

Customs Broker | Account | Account Number

CONSIGNEE

Company Name

Address

City | State | Country | ZIP / Postal Code

Name - Department | Telephone Number

FREIGHT CHARGES

- ☐ Prepaid
- ☐ Collect
- ☐ Third Party to AEROMAX LOGISTICS

# Skids	Particulars of Goods, Marks & Extensions	Dimensions (in)	Weight (lbs)

0 Total

0 Total

TO BE COMPLETED BY SHIPPER

Length: | Width: | Height: | Cubic feet:

1. Any agreement covering transportation of goods described herein with other than due dispatch, or for specific time, must be endorsed on this bill of lading and signed by the parties hereto.
2. When a shipment is at shipper's risk, the words "At Shippers Risk" must be entered and initialed by both parties hereto.

Declared Value $

Consignor	Per

Carrier	Per

Maximum liability of 2.00$ per pound unless declared value states otherwise. Surcharge is applicable when the declared value is in 2.00$ per pound.

Uncrated merchandise at shipper's risk.
This bill of lading must be signed by shipper and carrier.

4636 Louis B. Mayer Laval, Qc H7P 6E4

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