DAY & NIGHT Logistics Inc.

BILL OF LADING
DNL

*Indicates office use only. Please do not fill out those blanks.

SHIPPER	
Shipper Name: Address: Contact Info: **Pick Up Date:** 6/10/2025 **Pick Up Time:** 6/10/2025	BOL barcode can be placed here **REFERENCE #:** ***SERVICE MODE*:** ***CARRIER NAME*:** ***UNIT#*:** ***TRK#*:** ***TLR#*:** **DECALRED VALUE:** **CAD $** *Liability for loss or damage of this shipment is limited. If a declared value is declared on the bill of lading, a higher value must be aggreed to, in writing, by the carrier prior to acceptance.*
CONSIGNEE	**SPECIAL INSTRUCTIONS**
Receiver Name: Address: Contact Info: **Pick Up Date:** 6/10/2025 **Pick Up Time:** 6/10/2025	REEFER TEMP:
BILL TO	
Bill to Name: Billing Address: Contact Info:	

PARTICULARS OF THE GOODS

PALLET(S)	PIECE(S)	WEIGHT	COMMODITY

QTY	TYPE	HM	DESCRIPTION	WEIGHT	DIMENSIONS	NMFC	CLASS

*HM indicates Hazardous Material

	SHIPPER
I hereby certify that the contents of this cosignment are fully and accuratley described above by the proper shipping name, and are peoperly classified, packaged, marked and labelled/placarded, and are in proper condition for transportation according to Transport Canada and any other applicable national government regulations. NOTE: CARRIER DOES NOT GUARANTEE DELIVERY TIMES.	**Print Name:** **Shipper Signature:** **Date:** **Time:**
CARRIER/DRIVER	**CONSIGNEE/RECEIVER**
Pick Up Time In: **Pick Up Time Out:** /10/202	**Delivery Time In:** **Delivery Time Out:**
Print Name:	**Print Name:**
Carrier/Driver Signature: **Date:** 6/10/2025	**Consignee/Receiver Signature:** **Date:** 6/10/2025
Driver Notes:	*This is to certify that you have received the above contents in good condition. Any damage must be noted on the Bill of Lading at the time of delivery otherwise the consignee's signature will be constituted conclusive proof of shipment having been received in good order and condition.*

For any questions or concerns, please call us at 780-888-4187 or email us at info@daynightlogistics.ca