DAY & NIGHT Logistics Inc.

BILL OF LADING
DN _____

DATE & TIME:

SHIPPER	
	BOL barcode can be placed here
	REFERENCE #:
Pick Up Date:	
Pick Up Time:	**SERVICE MODE:**
CONSIGNEE	**CARRIER NAME: DAY AND NIGHT LOGISTICS INC.**
	UNIT #: **TRUCK#:** **TRAILER #:**
	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.
Delivery Date	**FREIGHT CHARGES** (Freight Charges will be collect unless marked otherwise)
Delivery Time:	☐ ☐ ☐
BILL TO	**PREPAID** **COLLECT** **3RD PARTY**
	SPECIAL INSTRUCTIONS

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:**	**Delivery Time In:** **Delivery Time Out:**
Print Name:	**Print Name:**
Carrier/Driver Signature: **Date:**	**Consignee/Receiver Signature:** **Date:**
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