



BILL OF LADING

ATLANTIS TRANSPORTATION SERVICES INC.

HEAD OFFICE: 3325A ORLANDO DRIVE
MISSISSAUGA, ONTARIO L4V 1C5

DISPATCH: (905) 672-5171 FAX: (905) 405-0217
TOLL FREE: 1 (800) 387-7717

Bill of Lading – Original – Not Negotiable

(Issued in accordance with the Regulations made under the Truck Transportation Act)

Truck No. Trailer No. Shipper's No. Date. D / M / Y

Received at point of origin on this date from the shipper, the goods herein described, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as indicated below, which the carrier agrees 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 to destination, and as to each party at 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, including conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Shipper <hr/> Street Address <hr/> <hr/>	Consignee <hr/> <hr/> <hr/>
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No. of Pieces Quantity, or ULD's	Description of goods and special marks	Weight (Subject to Correction)	Rate	Amount	Freight Charges
					PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> Freight charges will be collect unless <i>marked</i> Prepaid.
BILL TO: (THIRD PARTY)					
C.O.D.					

DECLARED VALUATION \$.....MAXIMUM LIABILITY \$2.00 PER POUND UNLESS DECLARED VALUATION STATES OTHERWISE VALUATION SURCHARGE IS \$0.50 PER \$100.00 VALUE IN EXCESS OF \$2.00 PER POUND	AMOUNT \$ _____ FEE \$ _____
ATLANTIS TRANSPORTATION SERVICES INC. WILL NOT ACCEPT LIABILITY FOR DAMAGES OR PIECE COUNTS IN OR ON UNIT LOAD DEVICES	C.O.D. FEE PREPAID <input type="checkbox"/> C.O.D. FEE COLLECT <input type="checkbox"/>

(Receipt of goods at destination)

Received in apparent good order (except as noted), by:

Receiver _____ (print name) _____ (company)

Receiver _____ (signature)

Date D / M / Y Time _____

(This Bill of Lading is to be signed by the Shipper and Carrier)

Shipper _____ Carrier **ATLANTIS TRANSPORTATION**

Per _____ Per _____