



GST# R102293883
 4205 - 76 Avenue
 EDMONTON, ALBERTA
 CANADA T6B 2H7

(780) 466-9155
 1-800-661-7228

SHORT FORM BILL OF LADING (issued in accordance with the Regulations made under the Truck Transportation Act)

CARRIER'S REF. NO. B L 04256	VEHICLE NO.	TRAILER	SHIPPERS #
SHIPPER			DATE
POINT OF ORIGIN		ADDRESS	

Received at the point on the date specified from the consignor mentioned herein, the property described in apparent good order, except as noted (contents and conditions of contents of package unknown) marked, consigned and destined as indicated below, which the carrier agrees to carry and to deliver to the consignee at the said destination, if on its own authorized route or otherwise to cause to be carried by another carrier on the route to solid destination, subject to the rates and classification in effect on the date of shipment.

It is mutually agreed, as to each carrier of all or any of said goods over all or any portion of said route to destination, and as to each party of any time interested in all or any of said goods, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, including conditions on back hereof, which are agreed by the consignor and accepted for himself and his assigns.

RECEIVER	DESTINATION	PROV./STATE
ADDRESS	ROUTE	

NO. OF PIECES OR QUANTITY	DESCRIPTION OF GOODS AND SPECIAL MARKS	DANGEROUS GOODS			WEIGHT <input type="checkbox"/> LBS <input type="checkbox"/> KILOS	RATE	AMOUNT	FREIGHT CHARGES
		CLASS PRIM. & SUBSID	PIN/UN NUMBER	PACKING GROUP				
								<input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID FREIGHT CHARGES WILL BE COLLECT UNLESS MARKED PAID <input type="checkbox"/> C.O.D. SHIPMENTS <input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID AMOUNT \$ _____ COLLECT CHARGES \$ _____ GST \$ _____ TOTAL \$ _____ INBOUND \$ _____ BEYOND \$ _____ OTHER (SPECIFY) \$ _____ TOTAL \$ _____
PLACARDS	NUMBER	TYPE	24 HOUR EMERGENCY NUMBER					
SPECIAL AGREEMENT BETWEEN CONSIGNOR AND CARRIER, ADVISE HERE:								
								SIGNED _____
								SIGNED _____

NOTICE OF CLAIM

- a) No carrier is liable for loss, damage or delay to any goods carried under the Bill of Lading unless notified 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 of the delivering carrier within sixty (60) days after the delivery of the goods, or, in the case of failure to make delivery.
- b) The final statement of the claim must be filled within nine (9) months from the date of shipment together with a copy of the paid freight bill.

DECLARED VALUATION \$ _____ MAXIMUM LIABILITY SHALL NOT EXCEED \$4.41 PER KILOGRAM COMPUTED ON THE TOTAL WEIGHT OF THE SHIPMENT UNLESS DECLARED VALUATION STATES OTHERWISE.

SHIPPER _____	CARRIER Harv Wilkening Transport Ltd.	RECEIVER _____
DATE _____	DATE _____	DATE _____
PER _____	PER _____	PER _____

WHITE - HWT YELLOW - HWT PINK - RECEIVER GOLDENROD - SHIPPER