

**VITRAN EXPRESS**  
**CUSTOMER SERVICE PHONE 800-967-3331**  
**SCAC - VITR**

**BORDERPASS**  
**U.S.A. TO Canada**

**CANADA CUSTOMS INVOICE**  
**STRAIGHT BILL OF LADING**  
**(NON NEGOTIABLE)**

1. VENDOR / SHIPPER (NAME & ADDRESS)		2. SHIPPING DATE	3. PRO LABEL HERE				
4. CONSIGNEE (NAME & ADDRESS)		5. IMPORTER OF RECORD (NAME & ADDRESS OF PURCHASER IF OTHER THAN CONSIGNEE)					
CUSTOMS BROKER (NAME)		6. COUNTRY OF ORIGIN		7. COUNTRY OF TRANSSHIPMENT			
BROKER'S PHONE NO. ( ) ( )		BROKER'S FAX NO. ( ) ( )		8. TERMS OF PAYMENT & TERMS OF SALE			
9. CURRENCY OF SALE							
10. NUMBER SHIPPING UNITS	HM DM	11. KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS. PLEASE INDICATE NMFC NUMBER AND FREIGHT CLASS.	12. WEIGHT <input type="checkbox"/> LBS <input type="checkbox"/> KILOS	13. QUANTITY STATE UNIT	14. UNIT PRICE	15. TOTAL	
<b>WEIGHT TOTAL →</b>		16A. NET	16B. GROSS	<b>INVOICE TOTAL →</b>		17.	
18. EXPORTER (IF OTHER THAN VENDOR / SHIPPER)			19. THIRD PARTY BILL TO FOR FREIGHT CHARGES, IF APPLICABLE (NAME & ADDRESS)				
20. IF COMMERCIAL INVOICE IS ATTACHED, CHECK THIS BOX <input type="checkbox"/>		24. IF INCLUDED IN FIELD 17, INDICATE AMOUNT: a. TRANSPORTATION CHARGES, EXPENSES AND INSURANCE FROM THE PLACE OF DIRECT SHIPMENT TO CANADA		25. IF INCLUDED IN FIELD 17, INDICATE AMOUNT: a. TRANSPORTATION CHARGES, EXPENSES AND INSURANCE FROM THE PLACE OF DIRECT SHIPMENT TO CANADA		26. CHECK (IF APPLICABLE) ROYALTY PAYMENTS OR SUBSEQUENT PROCEEDS ARE PAID OR PAYABLE BY PURCHASER <input type="checkbox"/>	
COMMERCIAL INVOICE NUMBER _____		b. COSTS FOR CONSTRUCTION, ERECTION AND ASSEMBLY INCURRED AFTER IMPORTATION INTO CANADA		b. AMOUNTS FOR COMMISSIONS OTHER THAN BUYING COMMISSIONS		THE PURCHASER HAS SUPPLIED GOODS OR SERVICES FOR USE IN THE PRODUCTION OF THESE GOODS <input type="checkbox"/>	
21. DEPARTMENTAL RULING (IF APPLICABLE)		c. EXPORT PACKING _____		c. EXPORT PACKING _____		27. COD AMOUNT: COD FEE: <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	
22. IF NAFTA FORM ATTACHED, CHECK THIS BOX <input type="checkbox"/>		23. IF FIELDS 24 TO 26 ARE NOT APPLICABLE CHECK THIS BOX <input type="checkbox"/>		IS CUSTOMER'S CHECK ACCEPTABLE FOR COD? <input type="checkbox"/> YES <input type="checkbox"/> NO		FREIGHT CHARGES (CHECK PROPER BOX) <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	
PLACE PARS LABEL HERE						27. Subject to section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges	
27. NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. If the value is omitted, the shipment will be subject to the lowest actual or released value in NMF 100 Series. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____						SIGNATURE OF CONSIGNOR	
THE AGREED VALUE ON HOUSEHOLD GOODS OR PERSONAL EFFECTS DOES NOT EXCEED 10¢ PER LB. PER ARTICLE, UNLESS OTHERWISE SPECIFIED LIABILITY: SHIPMENTS VALUED AT MORE THAN \$5.00 PER LB. ARE OF EXTRAORDINARY VALUE. CARRIER'S MAXIMUM LIABILITY IS \$5.00 PER LB. SUBJECT TO \$100,000 MAXIMUM TOTAL LIABILITY, UNLESS THE SHIPPER DECLARES EXCESS VALUE ON THE BILL OF LADING AND PAYS AN ADDITIONAL CHARGE. THE AGREED VALUE ON HOUSEHOLD GOODS, FURNITURE, USED MACHINERY, OR PERSONAL EFFECTS DOES NOT EXCEED 10¢ PER LB. PER ARTICLE, UNLESS OTHERWISE SPECIFIED.							
<b>"THIS IS TO CERTIFY THAT THE ABOVE-NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION."</b> RECEIVED, subject to the National Motor Freight Classification, the ATA Haz-Mat Transportation Regulations, the Household Goods Mileage Guide (HHGB 105 Series), the carrier's tariffs, and the carriers pricing schedules, terms, conditions and rules maintained at carrier's Pricing Department at 6500 East 30th Street, Indianapolis, IN 46219 in effect on the date of issue of this bill of lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property, over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions in the governing classification on the date of shipment. Carrier shall in no event be liable for loss of profit, income, interest, attorney fees, or any special, incidental or consequential damages. Shipper/Consignor hereby certifies that he is familiar with all the terms and conditions in the bill of lading, governing tariffs, pricing schedules or agreements, rules, and classifications: and the said terms and conditions are hereby agreed to by the Shipper/Consignor and accepted for himself or herself and his or her assigns.							
28. SHIPPER			29. CARRIER <b>VITRAN EXPRESS</b>				
30. AUTHORIZED SIGNATURE			31. AUTHORIZED SIGNATURE				