

Ph: (780) 488-2300 Fax: (780) 488-2339

Toll Free: 1-888-488-2311

12232-156 St., Edmonton, AB T5V 1E6

Scheduled Freight Service
LTL & Full Loads, Hot Shots, Mats
Edmonton • Grande Prairie • Peace River • Fort St. John
Dry Van / Low Bed / Super B & Tridem Decks

FROM: DAT					TE						WILLY'S QUOTE NUMBER	
ADDRESS (Shipper)												
ORIGIN (Street & Number)				PHONE #						SHIPPER TO CHECK ☐ PREPAID ☐ COLLECT		
	(City)	(Province)		(Postal Code)							☐ 3rd PARTY BILLING	
order, exc below, whi carrier on carrier of	cept as noted (contents ch said carrier agrees to co the route to said destination all or any said property of	ges unk said de effect nation, a	oned herein, the property herein described in apparent good unknown) marked, consigned and destined as indicated destination if on its own route, otherwise to deliver to another ect on the date of shipment. It is mutually agreed as to each in, and as to each party at any times interested in all or an I the conditions not prohibited by law, whether printed or writ					ited I ther ach any E	f not indicated the shipment will automatically move collect.			
		. The contract for the carriage of the good listed in this bill of ent and is subject to the conditions set out in such regulations.						□ Heat Required				
CONSIGI	NED TO:		PHONE #									
ADDRESS												
DESTINATION (Street & Number)												
(City) (Province)					(Postal Code)			ngerou	ıs God	ods	PLACARDS REQUIRED: ☐ YES ☐ NO	
NO. OF PIECES	DES	SCRIPTION	DIME		ONS	WEIGHT		Subsidiary Class	Packing Group	U.N. #	PLACARDS PROVIDED (min 6):	
											YES NO* *refuse shipment.	
											I hereby declare that the contents of this consignment are	
											fully and accurately described above by the proper shipping name, are	
											properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on	
											them and are in all respects in proper condition for transport	
											according to the Transportation of Dangerous Goods Regulations.	
											_ Shipper's Name (Print):	
24 Hour Number ERAP Phone / Ref #						NOTICE OF CLAIM						
SUBJECT TO 10 LBS PER CUBIC FOOT OR 1000 LBS PER LINEAR FOOT USED OVER 10 FEET OF TRAILER					(a) No carrier is liable for loss, damage or delay to any goods us setting out particulars of the origin, destination and date of st amount claimed in respect of each loss, damage or delay is g or the delivering carrier within thirty (30) days after the delive make delivery, within nine (9) months from the date of shipm				of shipmer / is given ir elivery of tl	nt of the goods and the estimated n writing to the originating carrier		
DECLARED VALUATION \$ Maximum liability of carrier is \$2.00 per lb. (\$4.41 per kilogram)						(b) The final statement of the claim must be filed within nine (9) together with a copy of the paid freight bill.					hs from the date of shipment	
FOR INTERNAL USE ONLY:					☐ After Hours	☐ After Hours Pick Up ☐ Inside Pick Up ☐ Resid					ial Pick Up	
TRAILER SPACE REQUIRED:					Attempted Pick Up Out			of Town Pick Up Construction Site Pick Up				
					☐ Extra Person Required ☐ Po			wer Tailgate				
Time in: Time out:					Extra Pick Up on Same Order Waitin			ng Time				
SHIPPER PER (SIGNATURE)					PICKUP DRIVER #				PICKUP SIGNATURE			
PRINT NAME					NO. OF PIECES			DATE	DATE			
					UNIT #				TRAILER #			
CONSIGNEE PER (SIGNATURE)					DELIVERY DELIVERY DRIVER # SIGNATUR							
PRINT NAME												
FNINT IVAIVIE					NO. OF PIECES				DATE			
					UNIT #			TRAILE	R#			