

SOUTHEASTERN FREIGHT LINES

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

**FIELDS NUMBERED 1 - 17 ARE
REQUIRED**

Place Pro Label Here

XpressPass
FULL VALUE INSURANCE BILL OF LADING
FULL VALUE INSURANCE REQUESTED
INVOICE VALUE
\$ _____
(Invoice Value Must Be Stated)
Extra charges will apply in accordance with SEFL Rules
Tariff 1090 Item 848-4

1. SHIPPER <i>(Please Include Phone Number)</i>		2. DATE OF DIRECT SHIPMENT/SHIPPING DATE	3. REFERENCE NOS (P.O. SHIPPERS, ETC)
4. CONSIGNEE <i>(Please Include Phone Number)</i>		5. IMPORTER <i>(Please Include Phone Number)</i>	
CUSTOMER BROKER NAME		6. COUNTRY OF ORIGIN <i>(Required for items valued over \$3,300.00)</i>	7. COUNTRY OF TRANSSHIPMENT
BROKER PHONE NUMBER	BROKER EMAIL OR FAX NUMBER	8. TERMS OF PAYMENT & TERMS OF SALE	9. CURRENCY OF SALE

24 HOUR EMERGENCY RESPONSE INFORMATION: PHONE: _____ CONTACT NAME: _____

THIRD PARTY BILL TO IF DIFFERENT FOR ABOVE NAME _____ PHONE _____
MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____

SPECIAL INSTRUCTIONS:

10. NUMBER PACKAGES	HM	11. KIND OF PACKAGES, DESCRIPTION OF ARTICLES SPECIAL MARKS, AND EXCEPTIONS	12. WEIGHT <small>(SUB TO CORRECTIONS)</small>	NMFC FREIGHT CLASS	13. QUANTITY STATE UNIT	14. UNIT PRICE	15. TOTAL

WEIGHT TOTAL ▶	16A. NET	16B. GROSS	INVOICE TOTAL ▶	17.
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18. EXPORTER	19. ORIGINATOR
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20. IF COMMERCIAL INVOICE ATTACHED, CHECK BOX <input type="checkbox"/> COMMERCIAL INVOICE NUMBER _____	24. IF INCLUDED IN FIELD 17, INDICATE AMOUNT: TRANSPORTATION CHARGES, EXPENSES, AND INSURANCE FROM THE PLACE OF DIRECT SHIPMENT TO CANADA	25. IF NOT INCLUDED IN FIELD 17, INDICATE AMOUNT. TRANSPORTATION CHARGES, EXPENSES AND INSURANCE FROM THE PLACE OF DIRECT SHIPMENT TO CANADA	26. CHECK (IF APPLICABLE) ROYALTY PAYMENTS FOR SUBSEQUENT PROCEEDS ARE PAID OR PAYABLE BY PURCHASER <input type="checkbox"/>
21. DEPARTMENT RULING (IF APPLICABLE)	COST FOR CONSTRUCTION, ERECTION, AND ASSEMBLY INCURRED AFTER IMPORTATION INTO CANADA	AMOUNTS FOR COMMISSIONS OTHER THAN BUYERS COMMISSIONS	THE PURCHASER HAS SUPPLIED GOODS OR SERVICES FOR USE IN THE PRODUCTION OF THESE GOODS <input type="checkbox"/>
22. CARRIER CODE 4069	23. IF FIELDS 24 - 26 ARE NOT APPLICABLE, CHECK THIS BOX <input type="checkbox"/>	EXPORT PACKING _____	EXPORT PACKING _____

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT	CHECK BOX IF COLLECT <input type="checkbox"/>	27. FOR FREIGHT COLLECT SHIPMENTS IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNEE, WITHOUT RECOURSE ON THE CONSIGNOR, THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT: SIGNATURE OF CONSIGNOR _____	SEFL RATE QUOTE # _____
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Mark "X" to designate Hazardous Materials as defined by DOT Regulations

NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706 (c) (1) (A) and (B).

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to insure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and, as applicable, shipper or consignee. Otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper or consignee, on request; the property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown above, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to 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 of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. The shipper or consignee hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper or consignee and accepted for himself and his assigns.

28. SHIPPER	29. CARRIER SOUTHEASTERN FREIGHT LINES	
30. AUTHORIZED SIGNATURE	31. AUTHORIZED SIGNATURE _____ DATE _____	

NUMBER OF PIECES RECEIVED ▲

- **FULL VALUE INSURANCE**
Customer's request for full liability insurance on a shipment or shipments. At the time of pickup ensure that the shipper clearly marks the bill of lading with the following phrase: FULL VALUE INSURANCE REQUESTED. In addition, the shipper must also write the invoice value of the goods they wish to ensure on the bill of lading.
- **SHIPPER (EXPORTER)**
Enter the name, address, and phone number of the shipper / exporter, including the legal tax identification number. In the United States, the tax identification number is the employer's identification number or social security number.
- **DATE**
Enter the date the shipment begins transport to Canada.
- **REFERENCE NUMBER**
Enter the shipper's reference number or other control number.
- **CONSIGNEE**
Enter the name, address, city, province, and postal code of the shipment's destination along with the phone number for the contact receiving the shipment. In order to expedite the clearance process; enter the name of the Customs broker selected by the importer or owners of the product below the consignee box. The broker phone number and e-mail address or fax number should also be recorded in this area.
Note: The importer selects the Customs broker. The selection should be placed in box 4 of this form by the shipper.
- **IMPORTER**
If different from the consignee or if the shipper is not the "importer of record", provide the name, address, city, province/state, Canadian postal or zip code, and phone number for the importer.
- **COUNTRY OF ORIGIN**
The country in which the merchandise originated. This is required for items valued over \$3,300.00.
- **COUNTRY OF TRANSSHIPMENT**
If the goods originated in a foreign country and moved through the United States, the United States would be the country of transshipment.
- **TERMS OF PAYMENT & TERMS OF SALE**
The seller's payment terms, such as "Net 30 Days".
- **CURRENCY OF SALE**
The currency of the sale is placed in this box. For example "Canadian" or "US" unless another foreign currency is to be used.
- **24 HOUR EMERGENCY RESPONSE INFORMATION**
List phone number and contact name for hazardous materials.
- **THIRD PARTY BILL TO IF DIFFERENT FOR ABOVE**
List company name, address, city, state/province, zip/postal code, and phone number for the party paying the freight charges if other than shipper or consignee.
- **NUMBER OF PACKAGES**
The physical number of pieces being shipped for each article in the shipment.
For example: "one skid of steel stampings" or "five boxes of computer paper".
- **HAZARDOUS MATERIALS**
If any product in the shipment is hazardous, place an "X" next to the description of the hazardous item.
Note: The hazardous rules on movements to Canada are identical to those used for domestic U.S. movements.

- **KINDS OF PACKAGES, DESCRIPTION OF ARTICLES, SPECIAL MARKS, AND EXCEPTIONS**

This space REQUIRES the accurate description of each article in the shipment. The description should contain any special markings or exceptions and must contain the applicable National Motor Freight Classification (NMFC) number and class.

Note: If there are more than six (6) articles in the movement, place a check in the square found in box 20 ("commercial invoice attached"), include its number and attach the commercial invoice to the Xpress Pass.

- **WEIGHT**

Indicate the weight of each article in the shipment. The net and gross weight figures (16 A and 16 B) should be included at the bottom of the weight column.

- **NMFC FREIGHT CLASS**

List NMFC freight class for listed item being shipped.

- **QUANTITY**

The quantity column requires the number of units of each article in the shipment. Please be sure to state the unit (i.e., cartons, skids, rolls, etc.). It is not necessary to include "total quantity" on the document as is necessary in the weight column.

- **UNIT PRICE**

The unit price is the charge for each unit of an article in the shipment.

- **TOTAL**

The total column is the sub total value or price (number of units multiplied by the price per unit) of each article in the shipment.

- **NET WEIGHT**

The net weight of the articles in the shipment.

- **GROSS WEIGHT**

The gross or sum total of the weight of both the articles and the packaging.

- **INVOICE TOTAL**

The sum of the article values in the shipment.

- **EXPORTER**

If the exporter is different than the shipper listed in box 1, the exporter's name, address, city, state, and zip code are noted in this area.

- **ORIGINATOR**

This space is used when the shipment is a "blind" shipment. When the actual shipping location is different than the vendor/shipper shown in box 1, the name of the actual company, address, city, state, and zip code are to be entered in this area.

- **ATTACH COMMERCIAL INVOICE**

This space should be checked if a commercial invoice is attached. The commercial invoice number is also entered in this space.

- **DEPARTMENT RULING**

If the shipper or consignee has secured a departmental ruling from Canadian Customs, often granted when the same articles are imported frequently, the departmental ruling is entered in this space. This space is left blank if there is no departmental ruling.

- **CARRIER CODE**

Speedy Transport's bonded Canadian carrier code is preprinted in this space.

- **BOX 23**
If the volume of transportation, insurance, and royalties are included in the unit price (box 15) and invoice total (box 17), the space in box 23 is usually checked and boxes 24-26 are left blank.
- **BOX 24-26**
See explanation of BOX 23 above.
- **FOR FREIGHT COLLECT SHIPMENTS**
The standard "section 7" provision of the uniform bill of lading. The next two boxes, moving left to right, contain spaces that are used to instruct the delivering carrier to:
 - 1) indicate whether the fee is prepaid or collect, and
 - 2) let the Driver know if the customer's check is an acceptable form of payment.

Freight Charges Are Prepaid Unless Marked Collect

Indicate the status of freight charges in this box. Unless the shipper marks the "COLLECT" box, all shipments will move prepaid.

- **CARRIER RATE QUOTE**
Southeastern Freight Lines, Inc. rate quote
- **SHIPPER**
The shipper's name is to be printed in this space.
- **CARRIER**
The originating carrier's name (Southeastern Freight Lines) is pre-printed in this space.
- **AUTHORIZED SHIPPER SIGNATURE**
The signature box for the shipper.
- **AUTHORIZED CARRIER SIGNATURE**
The signature box, date shipped, and the total pieces signed for will be completed by the Southeastern Driver.