

STRAIGHT BILL OF LADING - ORIGINAL - NON NEGOTIABLE

Carrier Outerlimits Transportation Inc 1535 Snyder Rd. E., PO Box 152, Petersburg, ON N0B 2H0	Carrier's No. Shipper's No.
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U.S DOT Hazardous Materials Registration Number	Date	SCAC Code
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Received, subject to the classifications and terms in effect on the date of the issue of this Bill of Lading and subject to individually determined rates or controls that have been agreed upon in writing between the carrier and shipper. If applicable, otherwise the rates, classifications and rules that have been established by the carrier and are available to the shipper on request, the property described herein, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to delivery at said destination, if on its route, or otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any portion of said property over all or any portion of said route to destination, and as to each back haul, which are hereby agreed to by the shipper and accepted for himself and his assignor.

SHIPPER (from):	CONSIGNEE (to):
Shipper	Consignee
Address	Address
Phone	Phone

No. of Units	Description of Articles, Kind of Package, Special Marks and Exceptions	Total Quantity (mass, volume or activity)	Weight (specify Lbs or Kg)	Class or Rate
Places	Pallets			
	Subject to correction		Subject to correction	

C	Freight charges are PREPAID unless marked collect	COD Amount \$	COD Fee \$	Total Charges \$	Remit COD to (if different than shipper):
D	COD Funds to be collected by:	Certified Funds <input type="checkbox"/>	Personal Check <input type="checkbox"/>	COD Fee to be paid by:	Shipper <input type="checkbox"/>
		Company Check <input type="checkbox"/>	Cash <input type="checkbox"/>		Consignee <input type="checkbox"/>

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.	Consignor Signature _____	Placards Required	Placards Supplied By Shipper <input type="checkbox"/> By Carrier <input type="checkbox"/>
NOTE: When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property hereby specifically stated by the shipper to be not exceeding \$ _____ PER _____		Driver's Signature _____	

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

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. (172.204)	Date ____/____/____	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has DOT emergency guidebook or equivalent document in the vehicle.	Date ____/____/____	Items Received in Good Condition by _____ Print Name _____ Signature	Date ____/____/____
Shipper: _____	YY	Carrier: _____	YY		YY
Per _____	YY	Per _____	YY		YY

Emergency Response Telephone Number: () Monitored at all times the Hazardous Material is in transportation including storage incidental to transportation (172.604)

1 White - Original Not Negotiable • 2 Canary - Accounting • 3 Pink - Consignee