SOUTHEASTERN FREIGHT LINES **XpressPass** Place Pro Label Here CANADA CUSTOMS INVOICE FIELDS NUMBERED 1 – 17 ARE STRAIGHT BILL OF LADING (NON-NEGOTIABLE) REQUIRED 1.SHIPPER 2. DATE OF DIRECT SHIPMENT/SHIPPING DATE 3. REFERENCE NOS (P.O. SHIPPERS, ETC) (Please Include Phone Number) 5. IMPORTER (Please Include Phone Number) 4. CONSIGNEE (Please Include Phone Number) CUSTOMER BROKER NAME 6. COUNTRY OF ORIGIN 7. COUNTRY OF TRANSSHIPMENT (Required for items valued over \$3,300.00) BROKER PHONE NUMBER BROKER EMAIL OR FAX 8. TERMS OF PAYMENT & TERMS OF SALE 9. CURRENCY OF SALE NUMBER 24 HOUR EMERGENCY RESPONSE INFORMATION: PHONE: CONTACT NAME: THIRD PARTY BILL TO IF DIFFERENT FOR ABOVE NAME PHONE_ STATE MAILING ADDRESS CITY ZIP SPECIAL INSTRUCTIONS: 10. NUMBER 11. KIND OF PACKAGES, DESCRIPTION OF 12.WEIGHT NMFC 13.QUANTITY 14. UNIT 15. TOTAL o FREIGHT CLASS PACKAGES ARTICLES STATE UNIT PRICE (SUB TO C НM SPECIAL MARKS, AND EXCEPTIONS 16A NFT 16 B GROSS 17 WEIGHT TOTAL INVOICE TOTAL 18. EXPORTER 19. ORIGINATOR 24. IF INCLUDED IN FIELD 17, INDICATE AMOUNT: TRANSPORTATION CHARGES, EXPENSES, 25. IF NOT INCLUDED IN FIELD 17, INDICATE AMOUNT. TRANSPORTATION CHARGES, 26. CHECK (IF APPLICABLE) ROYALTY PAYMENTS FOR SUBSE-QUENT PROCEEDS ARE PAID OR PAYABLE BY PURCHASER 20. IF COMMERCIAL INVOICE ATTACHED, CHECK BOX EXPENSES AND INSURANCE FROM THE PLACE OF DIRECT SHIPMENT TO COMMERCIAL INVOICE NUMBER AND INSURANCE FROM THE PLACE OF DIRECT SHIPMENT TO CANADA 21. DEPARTMENT RULING (IF APPLICABLE) CANADA COST FOR CONSTRUCTION FRECTION AMOUNTS FOR COMMISSIONS OTHER THE PURCHASER HAS SUPPLIED GOODS OR SERVICES FOR USE IN THE 22. CARRIER CODE 23. IF FIELDS 24 - 26 ARE NOT AND ASSEMBLY INCURRED AFTER THAN BUYERS COMMISSIONS PRODUCTION OF THESE GOODS APPLICABLE, IMPORTATION INTO CANADA 4069 CHECK THIS BOX EXPORT PACKING EXPORT PACKING 27. FOR FREIGHT COLLECT SHIPMENTS IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIG RECOURSE ON THE CONSIGNOR, THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT: FREIGHT CHARGES ARE PREPAID GNEE, WITHOUT CHECK BOX IF COLLECT UNLESS MARKED COLLECT THE CARRIER MAY DECLINE TO MAKE DELIVERY OF THIS SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL SEFL RATE QUOTE # OTHER LAWFUL CHARGES Mark "X" to designate Hazardous Materials as defined by DOT Regulations O 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 request, the poperty described address in apparent good total, except as notice, contrained and contained to contained to contained to contained to the contrained and the contrained an 29. CARRIER 28. SHIPPER SOUTHEASTERN FREIGHT LINES **30. AUTHORIZED SIGNATURE 31. AUTHORIZED SIGNATURE** DATE NUMBER OF PIECES RECEIVED

• **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 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 <u>REQUIRES</u> the accurate description of <u>each</u> 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.