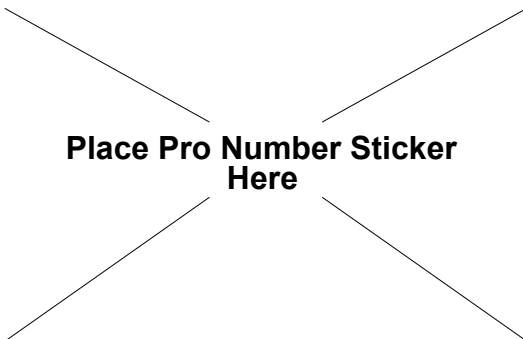


**-- Service Level --**

Division of TST Solutions L.P.

**Shipper Provided Short Form Original Bill of Lading - Non Negotiable**



**Shipper's Name** At point of Pick Up

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**Address**

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City Prov.-State Postal Code-Zip Code

**Consignee** At Point of Delivery

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**Address**

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City Prov.-State Postal Code-Zip Code

Attention Telephone Number

**Freight Charges**

Collect       Prepaid       3rd Party   
see charge to

**NOTE:** Shipper shall be responsible for charges on all freight collect and 3rd party shipments for which the carrier does not get paid.

**Shipper's Number or B.O.L. Number** **Purchase Order No.**

**Charge to for Invoice** (if not the same as indicated above for P/U or delivery address)

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**Address or P.O. Box No.**

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City Prov.-State Postal Code-Zip Code

**Temperature Control**

Dry       Heat\*       Cooler\* (1°-6° C.)

\* not available in all service areas

Received subject to the Classification and lawfully filed Tariffs in effect on the date of issue of this Bill of Lading, from the consignor mentioned herein, the property herein described, in apparent good order, except as noted (contents and condition of contents of package unknown), marked, consigned and destined as indicated herein, which the carrier agrees to carry and to deliver to the consignee at the said destination, if on it's own authorised route, or otherwise to cause to be carried by another carrier on route to said destination.

In using this Short Form Bill of Lading, the Shipper, Consignee, and Holder hereof agree that all the terms and conditions of Carrier's regular Long/Short form Bill of Lading, normally used in the service for which this Bill of Lading is issued, are incorporated herein with like force and effect as if they were written at length herein, and all such terms and conditions so incorporated by reference are agreed by the Shipper to be binding and to govern in the relations, whatever they may be, between all who are or may become parties to this Bill of Lading as fully as if this Bill of Lading had been prepared on the Carrier's regular Long/Short form Bill of Lading.

It is acknowledged by all parties having an interest in this shipment that the specifications, conditions and restrictions of the form shown in Schedule II of the Trucking Regulation (Q.C. 47-48, January 13, 1993) are hereby accepted, incorporated and applicable to the present contract of carriage as if written herein at length.

Pieces	HM	Shipping Name, Primary Class, Subsidiary Class(es), UN Number, Packing Group	Weight lb <input type="checkbox"/> kg <input type="checkbox"/>	Declared Valuation - <small>Maximum liability of (\$2.00 per pound) \$4.41 per kg; unless declared valuation states otherwise.</small>
				<b>WEB Reference Number</b>
				<b>C.O.D.</b>
				Amount Funds Type (check one only) Cdn. <input type="checkbox"/> U.S. <input type="checkbox"/>
		24-HOUR TELEPHONE NUMBER:		
		Customs Broker		
		Special Instructions		C.O.D. Collection Fee Collect <input type="checkbox"/> Prepaid <input type="checkbox"/>
<b>Total</b>			<b>Total</b>	

**NOTICE OF CLAIM**

a) No carrier is liable for loss, damage or delay to any goods carried under the Bill of Lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is given in writing to the originating carrier or the delivering carrier within sixty (60) days after the delivery of the goods, or, in the case of failure to make delivery, within nine (9) months from the date of shipment.

b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.

Number of feet used	%Cube of Trailer	Actual Dimensions			
			Loading Diagram		
Shipper's/Consignor's Signature	Driver's Signature		Single Shipment <input type="checkbox"/> Shipper's Risk <input type="checkbox"/>		Consignee's Signature
Date	Date	Trailer Number	Count	Seal Numbers	Date