



# Bill of Lading

No: 00051

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Month / Day / Year

FROM		TO	
Gangster Enterprises Ltd.		Name:	
Address:		Company:	
City:	Province: AB	Street:	
Postal Code:	Phone:	City:	Province:
Dept:	Acct:	Postal Code:	Phone #

Number of Packages	Kinds of Package Description of Articles Special Marks, and Exceptions	Weight (Subject to Change)	Serial Numbers	

<b>SHIPPING INSTRUCTIONS</b>		<b>FOR SHIPPING USE ONLY</b>	
Check One <input type="checkbox"/> Next Day    Payment <input type="checkbox"/> Shipper <input type="checkbox"/> Second Day <input type="checkbox"/> Recipient <input type="checkbox"/> Routine <input type="checkbox"/> Third Party <input type="checkbox"/> COD Amt Due	Method:		Date:
	Bill No:		Shipped By:
	Ship Cost:		Dept Chgd:
	Special Instructions:		
Delivered by:		Date:	
Received by:		Date:	Box #

Comments:

White: Office    |    Canary: Carrier    |    Pink: Shipper