DEFENDER LTL INC

DATE: _____

DISPATCH PH: 780-545-1455 | BOX 5373, BONNYVILLE, AB T9N 2G5 | WEB: DEFENDERLTL.COM

SHIPPER **CONSIGNEE**

NO. OF PKGS.	DESCRIPTION OF ARTICLES	WEIGHT	RATE	FREIGHT CHARGES
	TDG (Transportation of Dangerous Goods) UN Number: _____ Packing Group: _____ Shipping Name: _____ Total Quantity: _____ Primary Class: _____ Number of Packages: _____ Subsidiary Class: _____ Shipper Name & Number: _____ Consignee Name & Number: _____			
PREPAID ☐	**COLLECT** ☐ GST # 745099150RT0001		**TOTAL** ➧	

NO CLAIM WILL BE ALLOWED AFTER 30 DAYS FROM ABOVE DATE AND MUST BE ACCOMPANIED BY ORIGINAL FREIGHT BILL OF LADING AND ORIGINAL OR CERTIFIED COPY OF INVOICE

RECEIVED IN GOOD ORDER

_____ SIGNATURE

_____ PRINT NAME

SHIPPER'S SIGNATURE _____

WHITE - OFFICE CANARY - OFFICE PINK - CONSIGNOR GOLDENROD - CONSIGNEE