

# M-O<sup>®</sup>

COAST  COAST



## ORDER ENTRY CUSTOMER GUIDE



NOTE: IF YOU OPT TO CREATE THE PICK UP AFTER CREATING AND ACCEPTING A QUOTE, THE CALLER INFORMATION AND DETAILS OF THE SHIPMENT WILL AUTO POPULATE ON THE PICK UP REQUEST.

## STEP 1

- SELECT SERVICE LEVEL
- ENTER CALLER INFORMATION
- YOU MAY ENTER CODE MANUALLY OR BY USING SEARCH CAPABILITY
- ENTER SHIPPER AND CONSIGNEE INFORMATION (MANUAL OR SEARCH)

### Order Entry

Bill Number: NA

SERVICE\_LEVEL

REGULAR - DRY

#### Contacts

	Caller	Shipper	Consignee
Code:	01010	Code	Code
Company:	XYZ INC.	Test Data	Test Detail
Address:	354 STEWART RD.	1 Maritime Ontario Blvd	1 Vancouver Lane
City:	ST HUBERT	BRAMPTON	KIMBERLEY
Province:	QC	ON	BC
Postal Code:	J5A 2V3	L6S 0A1	V1A 0A1
Phone:	450-555-5555	4165220000	6041230000
Contact:	Stacy Polcnik	Stacy	Stacy
Email:	spolcnik@m-o.com	spolcnik@m-o.com	spolcnik@m-o.com
Zone:		BRAMPTON, ON	KIMBERLEY, BC



## STEP 2

ENTER PALLET INFORMATION (MAX OF 2 LINES) AND CLICK SAVE

▲ Details

+ Add new record   ✓ Save   ⌂ Cancel

	PALLETS	WEIGHT		DANGEROUS GOODS?
	5.00	2,000.00	LB	<input type="checkbox"/>
		0.00	LB	False

▲ Dangerous Goods

UN Number Lookup

UN Group Lookup

Volume	Volume Units	UN Number	Shipping Name	* Actual Name	Attached to	Class	Sub Class	Compat Group	Packing Group	Containers	Mass	Mass Units	# of Explosives	Explosives Units	Control Ter
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## STEP 3

ADD YOUR PICK UP READY TIME WINDOW, NOTES, SHIPPING INSTRUCTIONS,  
AND REFERENCE NUMBERS

**▲ Dates**

From: 2021-12-30 09:00 AM   To: 2021-12-30 05:00 PM    Appt. Rq'd

Delivery N/A  Appt. Rq'd

**▲ Notes**

User 1 Notes

Tailgate Required

**▲ Trace Numbers**

+ Add new record

Trace Type	Trace Number	
Bill of Lading Number	S321456	<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Purchase Order Number	PO654321	<input type="button" value="Edit"/> <input type="button" value="Delete"/>

1 - 2 of 2



## STEP 4

YOU MAY CHOOSE TO SEND A CONFIRMATION E-MAIL AND/OR BOL BY SELECTING THE APPROPRIATE BOXES. THESE CAN BE SENT TO ALL PARTIES OR SPECIFIC PARTIES (CALLER, SHIPPER, CONSIGNEE).

CLICK COMPLETE AND YOU ARE DONE. YOU WILL RECEIVE A CONFIRMATION EMAIL ONCE YOUR REQUEST HAS BEEN REVIEWED.

▲ Pickup Request

<input checked="" type="checkbox"/> Email PDF Bill of Lading	Email PDF To:	All	CC:	
<input checked="" type="checkbox"/> Send Confirmation Email	Send Email To:	Shipper	CC:	

Upon clicking the Hold or Complete button below, any selected additional options will be executed.

Complete






# SAMPLE BOL

Report Viewer

1 of 1

<b>MARITIME-ONTARIO FREIGHT LINES LIMITED</b> 1 MARITIME-ONTARIO BLVD BRAMPTON ON L6S 6G4 PHONE: 905-752-6100 FAX: 905-752-6102	BOOKING NUMBER	REQUESTED SHIPPING DATE	REQUESTED DELIVERY DATE
	1486035	12/30/2021	1/6/2022
SHIPPER (NAME AND ADDRESS) TEST DATA 1 MARITIME-ONTARIO BLVD BRAMPTON ON L6S 0A1 Tel: 4165220000 Fax:			
	BILL TO ACCOUNT NUMBER 41151	READY TIME:	
	SERVICE REQUIRED REGULAR - DRY	CLOSE TIME:	
CONSIGNEE (NAME AND ADDRESS) TEST DETAIL: 1 VANCOUVER LANE KIMBERLEY BC V1A 0A1 Tel: 6041230000 Fax:	INSTRUCTIONS: 1. EXAMINE ALL MACHINES TO MAKE SURE THEY HAVE BEEN PROPERLY SERVICED. 2. TAG AND LIST EACH ITEM SEPARATELY. 3. RECORD MACHINE TYPE AND SERIAL NO. WHENEVER POSSIBLE. 4. NOTE ALL DAMAGES ON THE LISTING USING THE APPROPRIATE LOCATION AND CONDITION CODE. 5. POINT OUT EXCEPTIONS TO THE CUSTOMER. 6. MAKE SURE THE SHIPPER PRINTS NAME, AND SIGNATURE IS OBTAINED. 7. ANY MARKINGS ON CARTONS MUST BE INCLUDED IN SERIAL NUMBER SECTION. 8. ADJACENT TO MACHINE TYPE, INDICATE N-NEW OR U-USED.		
BILL TO (NAME AND ADDRESS) XYZ INC. 354 STEWART RD. ST HUBERT QC J5A 2V3			
NUMBER OF PALLETS	DESCRIPTION OF GOODS AND SPECIAL MARKINGS	WEIGHT SUBJECT TO CORRECTION	DIMS
5	FREIGHT OF ALL KINDS Bill of Lading: S321456 Booking #: 1486035 Purchase Order: PO654321	2,000 LB	

Email