



BILL OF LADING

Date _____

Page _____

SHIP FROM

Name: _____

Address: _____

City/State/Zip: _____

SID#: _____ FOB:

SHIP TO

Name: _____ Location #: _____

Address: _____

City/State/Zip: _____

CID#: _____ FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____

Address: _____

City/State/Zip: _____

SPECIAL INSTRUCTIONS:

Bill of Lading Number: _____

BAR CODE SPACE

CARRIER NAME: _____

Trailer number: _____

Seal number(s): _____

SCAC: _____

Pro number: _____

BAR CODE SPACE

Freight Charge Terms:
(freight charges are prepaid unless marked collect)

Prepaid Collect 3rd Party

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
GRAND TOTAL				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
					<input type="checkbox"/>			
GRAND TOTAL								

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: Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574. The agreed or declared value of the property is specifically stated by the shipper to be not exceeding

_____ Per _____

COD Amount: \$ _____

Fee Terms: Collect: Prepaid:

Personal/company check NOT acceptable:

NOTE - Liability Limitation applies. See Rules

RECEIVED, subject to the rates, classifications and rules that have been established by the Carrier and are available on request to the Shipper (Shipper defined in 49 U.S.C.A. § 13102(13)(c)), and to all applicable state and federal regulations. Shipper warrants it has read all applicable contract(s) or Carrier's applicable tariff(s) and the limitation of liability provisions set forth therein; and 2) has actual knowledge of and accepts the applicable contract or tariff terms, including the limits on carrier liability. Carriers' tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.

Trailer Loaded:

By Shipper
 By Driver

Freight Counted:

By Shipper
 By Driver/pallets said to contain
 By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or

Property described above is received in good