

Date:	BILL OF LADING						Page 1 of _____		
SHIP FROM							Bill of Lading Number: _____		
Name: Address: City/State/Zip: SID#: FOB: <input type="checkbox"/>							BAR CODE SPACE		
SHIP TO									
Name: Location #: _____ Address: City/State/Zip: CID#: FOB: <input type="checkbox"/>							CARRIER NAME: _____ Trailer number: Seal number(s):		
THIRD PARTY FREIGHT CHARGES BILL TO:							SCAC: Pro number:		
Name: Address: City/State/Zip:							Freight Charge Terms: Prepaid _____ Collect _____ 3rd Party _____		
SPECIAL INSTRUCTIONS:							<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER			# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO			
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.</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
RECEIVING STAMP SPACE									
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: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						COD Amount: \$ _____			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B). RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>						Carrier Signature <small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>			
SHIPPER SIGNATURE / DATE <small>This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.</small>						CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>			
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver						Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces			

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CUSTOMER ORDER INFORMATION

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