



(936) 239-2997

SHIPPER	Company			CONSIGNEE	Company			
	Address				Address			
	City	State	Zip		City	State	Zip	
	Sent By		Phone		Attention		Phone	
	P.O. No. or Ref. No.				P.O. No. or Ref. No.			
	Ready At	Close By			Ready At	Close By		
SPECIAL SERVICES REQUESTED				Bill freight charges to:				
				Address				
				City			State	Zip
PIECES	CLASS / NMFC or DIMENSIONS			DESCRIPTION OF PIECES AND CONTENTS			WEIGHT	

Shipment Date	
Partner	
Tracking #	
MAWB #	
Check Service Level	
Next Day	<input type="checkbox"/>
2nd Day	<input type="checkbox"/>
Ground	<input type="checkbox"/>
LTL	<input type="checkbox"/>
TRUCKLOAD	<input type="checkbox"/>
Insurance Amount	
\$	

<p>SHIPPER'S SECURITY ENDORSEMENT</p> <p>I certify that while under my control, this shipment has been adequately safeguarded to ensure that unauthorized explosives, destructive devices or hazardous materials have not been added. I consent to a search of the shipment. I am aware that this endorsement and original signature, along with other shipping documents, will be retained on file for thirty days or until the shipment is delivered, which ever is longer.</p>	<p>ATTACH PRO NUMBER HERE</p>
<p>SENDER'S SIGNATURE (BY TENDERING THIS SHIPMENT TO OSLOCO, AND IT'S PARTNERS, I AGREE TO BE BOUND BY THE CONDITIONS OF CONTRACT IN THE NMFC AND THAT OF OSLOCO, OR IT'S AGENTS.)</p> <p>X</p>	

DATE RECEIVED	DATE TIME	#of PIECES	RECEIVED IN GOOD CONDITION BY:
___/___/___	__:__ AM / PM		X