



Custom Freight Systems 888-600-8237 STRAIGHT BILL OF LADING
12500 E. Slauson Ave. C1 Santa Fe Springs, CA 90670

Print Form

Email Form

08-10-2018

Shipper's No. 1990/3-8064

Carrier's No.

8/10/18

Consignee (TO) CINTAS CORP #0169			Shipper (FROM) LIFE GUARD (626)965-1588		
Street Address 1200 DEL PASO ROAD, STE.130			Street Address 18999 RAILROAD STREET		
City SACRAMENTO	California	ZIP (REQUIRED) 95834	City INDUSTRY,	CA	ZIP (REQUIRED) 91748
P.O. Number 6782324	STORE#	DEPARTMENT#	Bill Of Lading Number	STORE#	DEPARTMENT#
Consignee Phone # 916-419-1099		Contact Name (Attention)		Check One: <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect CHARGES ARE PREPAID UNLESS OTHERWISE MARKED	
Bill To: LIFE GUARD			Open Time _____ Close Time _____ Quote # _____ Received \$ _____ to be delivered in the prepayment on the property described hereon. (Agent or Cashier) _____		
		CA	ZIP (REQUIRED) 91710		

No. PCS	PKG. TYPE	HM*	DESCRIPTION OF ARTICLES & SPECIAL MARKS	WEIGHT	NMFC N O.	CLASS	VALUE
32	CS	<input type="checkbox"/>	DISPOSABLE GLOVES 1000PC/CS	600 lbs		50	
		<input type="checkbox"/>	TOTAL: 1 PALLET / PALLET RATE APPLY				
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>	**RECEIVER MUST SIGN FOR TOTAL CASES**				
		<input type="checkbox"/>					
		<input type="checkbox"/>	Total Cube:				

*Mark with an "X" to designate hazardous materials as defined in title 49 of the Code Fed. of Reg.

Hazardous material emergency contact #

Additional Services: <input type="checkbox"/> Inside Delivery Required <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Lift Gate Pick-Up / Delivery <input type="checkbox"/> Sort and Segregate <input type="checkbox"/> Notification Before Delivery <input type="checkbox"/> Other: _____	Remit C.O.D Cash / Check To: _____ _____ _____
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METHOD OF PAYMENT (REQUIRED) COD FEE <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect COD AMT \$ _____	<input type="checkbox"/> CONSIGNEE CHECK ACCEPTABLE <input type="checkbox"/> CERTIFIED CHECK OR CASH
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CARRIER LIABILITY: Carrier liability for loss or damage will be the lesser of (1) the actual invoice value of the article(s) lost, damaged or destroyed; or** (2) the amount determined from applicable limited liability provisions of the NMFC; or (3) the limited liability as stated in applicable governing tariffs, unless a higher value is declared in writing on the bill of lading at the time shipment and applicable charges are paid.
**Where a "rate" is dependent on value, the agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

 1-800-200-4237 FREIGHT BILL NUMBER <div style="border: 1px solid black; padding: 10px; display: inline-block;">578482</div>	Trailer Number: _____	Linear Feet of Shipment: _____
	Seal # Applied: _____	
	Beyond SCAD: _____	Cross Ref. Pro# _____

Shipper certifies that the above named material are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

☐ SHIPPER LOAD / CONSIGNEE UNLOAD

Rule #575 Dimensions (in feet): _____ (L) _____ (W) _____ (H)

Firm Name: _____ Carrier: _____ Driver: Rayan C. C120
 Signed By: _____ Date Received: 8-10-18 Carrier Piece Count: 191 + 32 CS