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Bill of Lading Number:_____

FOB:

CARRIER NAME:

Location #:

Trailer number:

Seal number(s):

SCAC:

FOB:

Pro number:

BAR CODE SPACE

City/State/Zip:

SPECIAL INSTRUCTIONS:

Freight Charge Terms:Prepaid _____ Collect _____ 3rd Party _____

(check box)

Master Bill of Lading: with attached
underlying Bills of Lading

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/S LIP Y or N	ADDITIONAL SHIPPER INFO
GRAND TOTAL				

[illegible]

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 _____"

GRAND TOTAL

COD Amount: \$_____

Fee Terms: Collect: Prepaid:
Customer check acceptable:

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.

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, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the 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 carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

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CUSTOMER ORDER INFORMATION

[illegible]