

Date:		BILL OF LADING			Page 1 of _____	
SHIP FROM					Bill of Lading Number: _____ <div style="text-align: center; font-weight: bold; color: #ccc;">BAR CODE SPACE</div>	
Name: Address: City/State/Zip: SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO						
Name: _____ Location #: _____ Address: City/State/Zip: CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:					<div style="text-align: center; font-weight: bold; color: #ccc;">BAR CODE SPACE</div> Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading	
Name: Address: City/State/Zip:						
SPECIAL INSTRUCTIONS:						
CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SKID 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>
QTY	TYPE	QTY	TYPE			
						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: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
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 / DATE					SHIPPER SIGNATURE	
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. All cargo tendered for transport is subject to inspection. By tendering cargo to carrier, shipper grants consent to such an inspection.					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.	
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

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
						PAGE SUBTOTAL		