

| <b>Date:</b>   |                               | <b>BILL OF LADING</b>   |   | <b>Page 1 of _____</b>   |          |
|--|-------------------------------|---|---|--|----------|
| SHIP FROM  |                               |   |   |  |          |
| Name:  |                               |   | Bill of Lading Number: _____  |  |          |
| Address:   |                               |   | <b>BAR CODE SPACE</b>   |  |          |
| City/State/Zip:  |                               |   |   |  |          |
| SID#:  | FOB: <input type="checkbox"/> |   |   |  |          |
| SHIP TO  |                               |   | CARRIER NAME: _____   |  |          |
| Name:  | Location #: _____             |   | Trailer number: _____   |  |          |
| Address:   |                               |   | Seal number(s): _____   |  |          |
| City/State/Zip:  |                               |   | <b>SCAC:</b> _____  |  |          |
| CID#:  | FOB: <input type="checkbox"/> |   | <b>Pro number:</b> _____  |  |          |
| THIRD PARTY FREIGHT CHARGES BILL TO:   |                               |   | <b>BAR CODE SPACE</b>   |  |          |
| Name:  |                               |   |   |  |          |
| Address:   |                               |   | <b>Freight Charge Terms:</b>  |  |          |
| City/State/Zip:  |                               |   | Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____   |  |          |
| <b>SPECIAL INSTRUCTIONS:</b>   |                               |   | <input type="checkbox"/> Master Bill of Lading: with attached<br>(check box) underlying Bills of Lading |  |          |
|  |                               |   |   |  |          |
| CUSTOMER ORDER INFORMATION   |                               |   |   |  |          |
| CUSTOMER ORDER NUMBER  | # PKGS                        | WEIGHT  | PALLET/SKIP<br><small>Y or N</small>  | ADDITIONAL SHIPPER INFO  |          |
|  |                               |   |   |  |          |
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| <b>GRAND TOTAL</b>   |                               |   |   |  |          |
| CARRIER INFORMATION  |                               |   |   |  |          |
| HANDLING UNIT  |                               | PACKAGE   |   | COMMODITY DESCRIPTION<br><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 #   |
|  |                               |   |   |  |          |
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|  |                               |   |   | <b>RECEIVING STAMP SPACE</b>   |          |
|  |                               |   |   |  |          |
|  |                               |   |   |  |          |
|  |                               |   |   |  |          |
|  |                               |   |   |  |          |
| <b>GRAND TOTAL</b>   |                               |   |   |  |          |
| 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:<br><br>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____. "<br><b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</b> |                               |   |   | <b>COD Amount: \$_____</b><br><br><b>Fee Terms:     Collect: <input type="checkbox"/>     Prepaid: <input type="checkbox"/></b><br><b>Customer check acceptable: <input type="checkbox"/></b>                    |          |
| <small>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.</small>  |                               |   |   | <small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.<br/><br/>             Shipper Signature _____</small>                                       |          |
| <b>SHIPPER SIGNATURE / DATE</b><br><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. All cargo tendered for transport is subject to inspection. By tendering cargo to carrier, shipper grants consent to such an inspection.</small>                      |                               | <b>Trailer Loaded:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver |   | <b>Freight Counted:</b><br><input type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces  |          |
| <b>CARRIER SIGNATURE / PICKUP DATE</b><br><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>   |                               |   |   |  |          |

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## CUSTOMER ORDER INFORMATION

[illegible]