

Ship From: 7529 Cedar Road, Macungie, PA SID#: 2323133 <input type="checkbox"/> FOB				Date: 13th December, 2024			
				Bill of Lading No: 892397682 <h2 style="text-align: center; margin: 0;">BARCODE SPACE</h2>			
Ship To: Location No: 111 Green Pond Road, Bethlehem, PA CID#: <input type="checkbox"/> FOB				Carrier Name: Sola Logistics Trailer No: Seal Number(s):			
				SCAC: Pro No: <h2 style="text-align: center; margin: 0;">BARCODE SPACE</h2>			
Third Party Freight Charges - Bill To: Special Instructions:				Freight Charge Terms (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs			
Customer Order Information							
Customer Order No.		# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info		
Totals							
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. See Section 2(e) of MNMFC Item 360</small>	LTL Only
QTY	TYPE	QTY	TYPE				NMFC No.
Totals							
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 _____FOB_____."						COD Amt. \$ _____ Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> 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 _____	
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 <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	
Shipper Signature _____ 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. Property described above is received in good order, except as noted.		Carrier Signature _____ Pickup Date _____	