STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

Bill of Lading Number:

FROM:

1. Shipper / Generator Location	2. Shipper / Generator Mailing Address (if different)
A Top Generator 567 Oak Drive Carterville, MI 48222 Phone No.:	
Emergency Response Phone:	Generator ID (if applicable):

TO:

3. Consignee / Facility Name and Address	4. Consignee / Facility ID#
Best Disposal 123 Main Street Smithtown, MI 48333 Phone No.:	MIK23321456
9. Notes:	

DELIVERED BY:

5. Carrier/Transporter Name and Address	6. Carrier Transporter ID#:
A Great Transporter 123 Elm Jonesville, MI 48222 Phone No.:	MIK987789987

7a. HM	7b. **BASIC DESCRIPTION** UN or NA number, Proper Shipping Name, Hazard Class, Packing Group (if any)	8. Containers		9. Total Quantity	10. Unit Wt./Vol.	11. other
		No.	Type			
	1. Antifreeze	40	DM	2200 g	Gallon	
	2.					
	3.					
	4.					

18. Special Handling Instructions and Additional Information:

By signing below, Shipper hereby declares that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labelled/placarded, and are in all respects in proper condition for transport according to applicable governmental regulations. As shipper, I hereby certify that the liquid industrial by-product(s) are fully and accurately described on this shipping document, in proper condition for transport, and that the information contained on the shipping document is factual.

SHIPPER (Print Employee Name) Sam Redding	Signature *Sam Redding*	Month 5	Day 16	Year 16

	X			
Carrier / Transporter (Print Driver Name)	Signature	Month	Day	Year
John James Doe	*John James Doe*	5	16	16
Consignee / Facility Acknowledgement of Receipt (Print Name)	Signature	Month	Day	Year
Jane Smith	Jane Smith	5	26	16

White Copy: Consignee/Facility Original ● Yellow Copy: Consignee to Shipper ● Pink Copy: Carrier/Transporter ● Green Copy: Shipper Initial Copy