

# BILL OF LADING

Page 1  
Date: \_\_\_\_\_

<b>SHIP FROM</b>				Bill of Lading Number: <span style="background-color: yellow; padding: 2px;">149066</span>  <div style="text-align: center; color: #ccc;">BAR CODE SPACE</div>			
Name: HANZO LOGISTICS Address: 8370 E CAMBY RD, STE 103 PLAINFIELD, IN 46168  SID#:							
<b>SHIP TO</b>				CARRIER NAME: Trailer number:  Seal number(s): SCAC: Pro number:			
Name: SUMMIT WH                      Location #: Address: 3301 WAYNE TRACE BLVD FORT WAYNE, IN 46803  SID#:							
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				<div style="text-align: center; color: #ccc;">BAR CODE SPACE</div>  Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> <input checked="" type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input checked="" type="checkbox"/> 3rd Party  <input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading			
Name: WEST MOTOR FREIGHT Address: <a href="mailto:JAYME.NEAL@WESTMOTOR.COM">JAYME.NEAL@WESTMOTOR.COM</a>							
<b>SPECIAL INSTRUCTIONS</b>							
<b>CUSTOMER ORDER INFORMATION</b>							
<b>CUSTOMER ORDER NUMBER</b>	<b># CTNS</b>	<b>WEIGHT IN LBS</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>	<b>PALLETS</b>			
	0	0	(Y)    N				
<b>GRAND TOTAL</b>	0	0		0			
<b>CARRIER INFORMATION</b>							
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT IN LBS</b>	<b>H.M. (X)</b>	<b>COMMODITY DESCRIPTION</b>	<b>LTL ONLY</b>
QTY	TYPE	QTY	TYPE			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 NMFC Item 360	NMFC#    CLASS
		0	CTN	0			-    -
0		0		0		<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: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ ."						<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> <b>Customer check acceptable:</b> <input type="checkbox"/>	
<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> 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	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.		<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.  Property described above is received in good order, except as noted.	