

**STRAIGHT BILL OF LADING- SHORT FORM- Original- Not Negotiable****AAA Cooper Transportation (AACT)**

1751 Kinsey Rd. Dothan, AL 36303

SHIPPER BILL OF LADING

CONSIGNEE REFERENCE/ PO NO.

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and the 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;

FROM YOUR NAME AND ADDRESSSTREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE L ZIP \_\_\_\_\_

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. It is mutually agreed, as to each carrier of all or any of the said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-x and successive issues. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

CONSIGNEE TO Survival Products, Inc. PHONE (954) 966-7329

ON COLLECT ON DELIVERY SHIPMENTS, THE LETTERS "COD" MUST APPEAR BEFORE THE CONSIGNEE'S NAME

DESTINATION STREET 5614 S.W. 25<sup>th</sup> StreetCITY Hollywood STATE FL ZIP 33023

DELIVERING CARRIER \_\_\_\_\_

**ADDITIONAL SHIPPING INFORMATION**

Collect on Delivery \_\_\_\_\_ and remit to \_\_\_\_\_ C.O.D. Fee Shipper ☐  
Street \_\_\_\_\_ City \_\_\_\_\_ STATE \_\_\_\_\_ to be paid by Consignee ☐  
ALL CARTONS MUST BE STAMPED OR MARKED WITH THE LETTER "C.O.D" CONSIGNEE'S CHECK "OK" ☐

No. of Packages	Handling Units No. Type	* HM	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO CORRECTION)	Weight / Lbs. Sub. To Correction	Class Or Rate	Cube (Optional)
1		<input checked="" type="checkbox"/>	One fibreboard box (L x W x H dimensions)	0	—	
		<input type="checkbox"/>	containing one deflated life raft with a high		—	
		<input type="checkbox"/>	pressure CO2 cylinder installed. CLASS 9 and		—	
		<input type="checkbox"/>	LIFE-SAVING APPLIANCES, SELF-INFLATING		—	
		<input type="checkbox"/>	UN2990 labels affixed. 24 hour Emergency Contact		—	
		<input type="checkbox"/>	(352) 323-3500 INFOTRAC.		—	
		<input type="checkbox"/>	Shipping Quote # _____ Amount _____		—	
		<input type="checkbox"/>	call 800-728-3268 4 quote/ 888-849-0561 4 pickup		—	

Mark "X" to designate Hazardous Materials as defined in DOT Regulations

NOTE (1) 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

NOTE value here per Box (2)

Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C 14706 (c)(1)(AB)  
SEE TARIFF AACT 190 RULES FOR PROVISIONS OF LIMITED LIABILITY.

NOTE (3) 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 Sec. 2(e) of NMFC Item 360.

**AFFIX PRE ASSIGNED****CARRIER PRO NUMBER****HERE**

Freight charges are **PREPAID** unless marked collect.

**CHECK IF COLLECT** ☐**FOR FREIGHT COLLECT SHIPMENTS:**

If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:

The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

SIGNATURE OF CONSIGNOR

Package \_\_\_\_\_ Pallet \_\_\_\_\_ Number \_\_\_\_\_  
Count \_\_\_\_\_ Count \_\_\_\_\_ Shipments \_\_\_\_\_

STRETCH WRAPPED YES ☐ NO ☐

CARRIER: AAA COOPER TRANSPORTATION

SHIPPER YOUR NAME AND ADDRESS, ETC.PER YOUR NAME PER \_\_\_\_\_ DATE \_\_\_\_\_NOTIFY IF PROBLEM ENROUTE OR AT DELIVERY C. Rogers (954) 966-3584 (954) 966-7329  
NAME FAX PHONE

YOUR NAME AND ADDRESS...

IF YOU HAVE ACCOUNT...

OTHERWISE PREPAID

SEND FREIGHT BILL TO:	COMPANY NAME	STREET ADDRESS	CITY	STATE	ZIP
<b>Shipper Certification</b>			<b>Carrier Certification</b>		
These 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.			Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency guidebook or equivalent document in the vehicle.		
Per _____	Date _____		Per _____	Date _____	