

Ship From: SID#: <input type="checkbox"/> FOB				Date: Bill of Lading No: Carrier Name: Trailer No: Seal Number(s): SCAC: Pro No:					
Ship To: Location No: CID#: <input type="checkbox"/> FOB				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					
Third Party Freight Charges - Bill To:									
Special Instructions:									
Customer Order Information									
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info					
Totals									
Carrier Information									
Handling Unit		Package		Weight		Commodity Description		LTL Only	
QTY	TYPE	QTY	TYPE			H.M. (X)	<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>		NMFC No.
Totals									
<small>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:</small> <small>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ FOB _____."</small>						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).									
<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.</small> Shipper Signature _____			
<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.</small>						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 Signature _____		Delivery Date _____	