

Date: _____		<b>BILL OF LADING</b>				Page _____																																																													
<b>SHIP FROM</b>						Bill of Lading Number: _____  CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____  SCAC: _____ Pro number: _____  Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading																																																													
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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 _____."						COD Amount: \$ _____ Fee Terms:      Collect: ...      Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>																																																													
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. f 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.  <div style="text-align: right;">Shipper</div> Signature _____																																																													
<b>SHIPPER SIGNATURE / DATE</b> <small>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.</small>			Trailer Loaded:      Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.</small>																																																														

Date:

## SUPPLEMENT TO THE BILL OF LADING

Page \_\_\_\_\_

**Bill of Lading Number:** \_\_\_\_\_

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