

Date:	BILL OF LADING					Page _____		
SHIP FROM								
Name:					Bill of Lading Number: _____			
Address:								
City/State/Zip:								
SID#:	FOB: <input type="checkbox"/>							
SHIP TO								
Name:	Location #: _____				CARRIER NAME: _____			
Address:					Trailer number: _____			
City/State/Zip:					Seal number(s): _____			
CID#:	FOB: <input type="checkbox"/>				SCAC: _____			
THIRD PARTY FREIGHT CHARGES BILL TO:						Pro number: _____		
Name:								
Address:								
City/State/Zip:					Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
SPECIAL INSTRUCTIONS:						Prepaid _____ Collect _____ 3 rd Party _____		
						<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO			
				Y	N			
				Y	N			
				Y	N			
				Y	N			
				Y	N			
GRAND TOTAL								
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
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. <i>See Section 2(e) of NMFC Item 360</i>	NMFC #	CLASS
GRAND TOTAL								
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"/>			
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (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. _____ Signature			
SHIPPER SIGNATURE / DATE			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			
CARRIER SIGNATURE / PICKUP DATE								
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.								

Date:

SUPPLEMENT TO THE BILL OF LADING

Page _____

Bill of Lading Number: _____