

UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE
SUBJECT TO THE TERMS AND CONDITIONS OF THE UNIFORM BILL OF LADING --- QUESTIONS? CALL 1.866.393.4585

	Date		Purchase Order #					
	Shipment #		Shipment #					
	12345675		1236546332					
REQUIRED: Please select a service type		OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply).						
<input type="checkbox"/> FedEx Freight® Priority		<input type="checkbox"/> FedEx Freight® Economy		<input type="checkbox"/> AM Delivery <input type="checkbox"/> Close of Business Delivery				
SHIPPER (from) Please provide ZIP codes and phone numbers. CONSIGNEE (to)								
Shipper		FXF Acct. #		Consignee				
Indy Imagin		9878890679758		Consignee FXF				
Attn to		Area Code		Area Code				
Shipping Department		317 Shipper Ph		Consignee Attn				
Address		Address		Address				
123 blank st		Consignee Address 1						
Address (Store, Dept., Ste., Flr., Apt., Div.)		Address (Store, Dept., Ste., Flr., Apt., Div.)						
Address		Address						
City		City						
Austin		Consignee City						
State/Province		State/Province						
Shipper State/Prov		Consignee State/Prov						
ZIP/Postal Code		ZIP/Postal Code						
Shipper ZIP/		Consignee ZIP/						
United States		United States						
Accessorial Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access		Accessorial Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access						
Shipper Bill of Lading # 987634532		Custom Delivery Window: Custom Delivery Window Info						
Special Instructions								
Special instructions								
BILL FREIGHT CHARGES TO (if different than above):								
Name		FXF Acct. #		Mailing Address				
Bryce Phelps		12345678		1000 Example St.				
City		State		City				
Indianapolis		IN		United States				
ZIP/Postal Code		Area Code		Phone Number				
46123		317		333-333-3333				
Freight charges are PREPAID unless marked collect.		C.O.D. AMOUNT						
CHECK BOX IF COLLECT <input type="checkbox"/>		1. The letters "C.O.D." must appear in box before consignee's name above.						
		2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check						
		3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee						
REMIT C.O.D. TO (if different than shipper above):								
Name		Mailing Address						
Remit COD to Name		Remit COD to Address						
City		City						
Remit COD to City		Remit COD to						
State		State						
Remit CO		Remit CO						
ZIP/Postal Code		ZIP/Postal Code						
Remit COD 1		Remit COD 1						
Country Code		Country Code						
Area Code		Area Code						
Phone Number		Phone Number						
Remit COD to		Remit COD to						
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 property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, and the conditions of the FCF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.								
HANDLING UNITS (H/U)	H/U PKG. TYPE	PIECES	HM (X)	DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS.	NMFC ITEM #	CLASS	CUBE (OPTIONAL)
HU 1					Weight 1	NMFC 1		
TOTAL H/U:					★ MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.			
HM EMERGENCY CONTACT PHONE NUMBER () HM Emergency					FOR INTERNATIONAL SHIPMENTS PLEASE INDICATE BELOW THE NAME, FAX NUMBER AND PHONE NUMBER OF THE BROKER.			
HM EMERGENCY RESPONSE PROVIDER PERSON or CONTRACT #					EEI/SED Number or Exception EEI/SED # or Exce Phone # () Int'l Phone #			
HM Emergency Response Provider Person ()					Broker Name Robbie Fax # () Int'l Fax #			
NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must 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 per."					FOR FREIGHT COLLECT SHIPMENTS			
Note (2) Liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. See FCF 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$.50 per pound per package for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence for NEW articles or \$10,000 per occurrence for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FCF 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.					Subject to Section 7 of conditions of applicable Bill of Lading. 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.			
<input type="checkbox"/> Articles are NEW, and require Excess Liability Coverage in the amount of \$ per pound. Additional charges will apply.					Consignor Signature			
<input type="checkbox"/> Articles are USED or RECONDITIONED and require Excess Liability Coverage. Additional charges will apply.					SHIPPER CERTIFICATION			
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.					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 Department of Transportation.			
					Shipper Signature Date			
					CARRIER CERTIFICATION			
					Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.			
DATE		DRIVER/EMPLOYEE NUMBER		PIECE COUNT		TRAILER #		