

**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



<b>Date</b>	<b>Purchase Order #</b>
<b>Shipper #</b>	<b>Shipper #</b>
<b>REQUIRED: Please select a service type</b> <input type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy	<b>OPTIONAL: You may select a money-back guarantee delivery (charges and tariff limitations may apply).</b> <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	FXF Acct. #		
Attn. to	Area Code	Phone Number	Attn. to	Area Code	Phone Number
Address			Address		
Address (Store, Dept., Ste., Flr., Apt., Div.)			Address (Store, Dept., Ste., Flr., Apt., Div.)		
Address			Address		
City			City		
State/Province	ZIP/Postal Code	Country	State/Province	ZIP/Postal Code	Country
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 #			<input type="checkbox"/> Custom Delivery Window:		
Special Instructions					

**BILL FREIGHT CHARGES TO (if different than above):**

Name	FXF Acct. #	Mailing Address			
City	State	ZIP/Postal Code	Country	Area Code	Phone Number
Freight charges are <b>PREPAID</b> unless marked collect. <b>CHECK BOX IF COLLECT</b> <input type="checkbox"/>	<b>C.O.D.</b> \$ _____ <b>AMOUNT</b>	<b>1. The letters "C.O.D." must appear in box before consignee's name above.</b> <b>2. C.O.D. funds to be collected as:</b> <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check <b>3. C.O.D. fee to be paid by:</b> <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee			

**REMIT C.O.D. TO (if different than shipper above):**

Name	Mailing Address					
City	State	ZIP/Postal Code	Country	Country Code	Area Code	Phone Number

**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 FXF 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 # (subject to correction)	CLASS	CUBE <small>(OPTIONAL)</small>

**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 ( <small>AREA CODE</small> )	<b>FOR INTERNATIONAL SHIPMENTS PLEASE INDICATE BELOW THE NAME, FAX NUMBER AND PHONE NUMBER OF THE BROKER.</b>	
HM EMERGENCY RESPONSE PROVIDER PERSON or CONTRACT #	EEI/SED Number or Exception	Phone # ( <small>AREA CODE</small> )
	Broker Name	Fax # ( <small>AREA CODE</small> )

**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 \_\_\_\_\_."

**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 FXF 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 FXF 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.

☐ Articles are **NEW**, and require Excess Liability Coverage in the amount of \$ \_\_\_\_\_ per pound. **Additional charges will apply.**

☐ Articles are **USED or RECONDITIONED** and require Excess Liability Coverage. **Additional charges will apply.**

**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.

**FOR FREIGHT COLLECT SHIPMENTS**

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.

**Consignor Signature** \_\_\_\_\_

**SHIPPER CERTIFICATION**

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 #