

Page 1 of

SHIP FROM								Bill of Lading Number: _____			
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____				FOB: <input type="checkbox"/>				BAR CODE SPACE			
SHIP TO								CARRIER NAME: _____			
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____				FOB: <input type="checkbox"/>				Trailer number: _____ Seal number(s): _____			
THIRD PARTY FREIGHT CHARGES BILL TO:								SCAC: _____			
Name: _____ Address: _____ City/State/Zip: _____								Pro number: _____			
SPECIAL INSTRUCTIONS: 								BAR CODE SPACE			
								Freight Charge Terms: (<i>freight charges are prepaid unless marked otherwise</i>) Prepaid _____ Collect _____ 3 rd Party _____			
								<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading (check box)			
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					
					Y	N					
					Y	N					
					Y	N					
					Y	N					
GRAND TOTAL											
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation without injury to cargo. See Section 2(v) of NMFC Item 38D.</small>	LTL ONLY				
QTY	TYPE	QTY	TYPE				NMFC #	CLASS			
									RECEIVING STAMP SPACE		
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: <input type="checkbox"/> 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.					
SHIPPER SIGNATURE / DATE <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		
						CARRIER SIGNATURE / PICKUP DATE <small>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 documentation in the vehicle. Property described above is received in good order, except as noted.</small>					