

Date: _____		<b>BILL OF LADING</b>				Page _____							
<b>SHIP FROM</b>						Bill of Lading Number: _____  <div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div>							
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____ FOB: _____													
<b>SHIP TO</b>													
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ FOB: _____													
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>						CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____  SCAC: _____ Pro number: _____  <div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div>							
Name: _____ Address: _____  City/State/Zip: _____													
SPECIAL INSTRUCTIONS: _____													
<b>CUSTOMER ORDER INFORMATION</b>						Freight Charge Terms: <i>(freight charges are prepaid unless marked collect)</i> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____  (check box) Master Bill of Lading: with attached underlying Bills of Lading							
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>	<b>PALLET/SLIP (CIRCLE ONE)</b>				<b>ADDITIONAL SHIPPER INFO</b>					
				Y    N									
				Y    N									
				Y    N									
				Y    N									
<b>GRAND TOTAL</b>													
<b>CARRIER INFORMATION</b>													
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>		<b>H.M. (X)</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTN ONLY</b>			
<b>QTY</b>	<b>TYPE</b>	<b>QTY</b>	<b>TYPE</b>					<b>NMFC #</b>		<b>CLASS</b>			
						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>							
RECEIVING STAMP SPACE													
<b>GRAND TOTAL</b>													
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: Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."								<b>COD Amount: \$</b> _____  <b>Fee Terms: Collect:    Prepaid:</b> <b>Personal/company check NOT acceptable:</b> <input type="checkbox"/>					
<b>NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594.</b>													
RECEIVED, subject to the rates, classifications and rules that have been established by the Carrier and are available on request to the Shipper (Shipper defined in 49 U.S.C.A. § 13102(13)(c)), and to all applicable state and federal regulations. Shipper 1) warrants it has read all applicable contract(s) or Carrier's applicable tariff(s) and the limitation of liability provisions set forth therein; and 2) has actual knowledge of and accepts the applicable contract or tariff terms, including the limits on carrier liability. Carriers' tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts.								The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.					
<b>SHIPPER SIGNATURE / DATE</b> 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.								<b>Trailer Loaded:</b> By Shipper By Driver		<b>Freight Counted:</b> By Shipper By Driver/pallets said to contain By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.  <i>Property described above is received in good order, except as noted.</i>	

