

BILL OF LADING

DATE	BILL NO.
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SHIPPER'S NAME AND ADDRESS		CARRIER ICC MC NO.		BILLING <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> 3RD PARTY					
		DECLARED VALUE FOR CARRIAGE		AMOUNT INSURANCE					
		SHIPPER'S REFERENCE NO.		THIRD PARTY BILLING ACCT. NO.					
CONSIGNEE'S NAME AND ADDRESS		THIRD PARTY BILLING							
POINT (PORT) OF ORIGIN	POINT (PORT) OF DESTINATION	SERVICE LEVEL				C.O.D. AMT ▶			
PIECES	DESCRIPTION	WEIGHT(LB)	CUBIC WT	L	W	H	RATE	PREPAID	COLLECT
								FREIGHT CHARGES	
TOTAL	WEIGHT SUBJECT TO CORRECTION	TOTAL	CUBIC INCHES				TOTAL PREPAID	TOTAL COLLECT	
SPECIAL INSTRUCTIONS							SHIPPER'S C.O.D.		
							TOTAL CHARGES ▶		

SHIPPER'S SIGNATURE		DELIVERY RECEIVED IN GOOD ORDER	
RECEIVED FOR CARRIER BY <input type="checkbox"/> SHIPPER'S DOOR <input type="checkbox"/> TERMINAL		X Signature of Consignee	
DATE	TIME	DATE	TIME