

Date:		BILL OF LADING				Page _____			
SHIP FROM						Bill of Lading Number: _____			
Name:						BAR CODE SPACE			
Address:									
City/State/Zip:									
SID#: FOB: <input type="checkbox"/>									
SHIP TO						Carrier Name: _____			
Name: Location #: _____						Trailer number:			
Address:						Seal number(s):			
City/State/Zip:						SCAC:			
CID#: FOB: <input type="checkbox"/>						Pro number:			
THIRD-PARTY FREIGHT CHARGES BILL TO:						BAR CODE SPACE			
Name:									
Address:						Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
City/State/Zip:						Prepaid _____ Collect _____ 3rd Party _____			
SPECIAL INSTRUCTIONS:						<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			
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 stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
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. B 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			
SHIPPER SIGNATURE / DATE 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. _____ (Signature) _____ (Date)				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 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. <i>Property described above is received in good order, except as noted.</i> _____ (Signature) _____ (Date)	

Date:

SUPPLEMENT TO THE BILL OF LADING

Page _____

Bill of Lading Number: _____

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	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
PAGE SUBTOTAL					

CARRIER INFORMATION

[illegible]