



3901 WEST BROAD STREET, RICHMOND, VA 23230  
WWW.ESTES-EXPRESS.COM

VICS Bill of Lading

Date: 5/17/2022		<b>BILL OF LADING</b>		Page 1 of ____				
<b>SHIP FROM</b>								
Name: Jane Doe Address: 99 CRESCENT ST City/State/Zip: CHELSEA MA 02150 SID#: FOB: <input type="checkbox"/>				Bill Of Lading Number: BOL123				
<b>SHIP TO</b>				<b>CARRIER NAME: ESTES EXPRESS LINES</b>				
Name: JANE DOE Loc #: Address: 99 CRESCENT ST City/State/Zip: CHELSEA MA 02150 CID#: FOB: <input type="checkbox"/>				Trailer number: Seal Number(s): 0				
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				SCAC: EXLA Pro number: Place PRO Label Here				
Name: Address: Bill being paid by Shipper City/State/Zip:				Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>				
SPECIAL INSTRUCTIONS:				<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading (check box)				
<b>CUSTOMER ORDER INFORMATION</b>								
CUSTOMER ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLIP Y N	ADDITIONAL SHIPPER INFO			
				<input type="checkbox"/> <input type="checkbox"/>				
				<input type="checkbox"/> <input type="checkbox"/>				
				<input type="checkbox"/> <input type="checkbox"/>				
				<input type="checkbox"/> <input type="checkbox"/>				
				<input type="checkbox"/> <input type="checkbox"/>				
GRAND TOTAL								
<b>CARRIER INFORMATION</b>								
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
2	PT	2	BX	4700		VERIFY BOL CAN CREATED FROM RATE QUOTE		50.0
						OTE		
2		2		4700		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"/>		
<b>NOTE Liability Limitations for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).</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, classification and rules that have been established by the carrier and are available to the shipper, on request: and all the terms and conditions of the NMFC Uniform Straight Bill of Lading.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.		
						_____ Signature Shipper		
<b>SHIPPER SIGNATURE / DATE</b> <small>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.</small>				<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<b>Freight Counted:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.</small>
						Property described above is received in good order, except as noted.		



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## SUPPLEMENT TO THE BILL OF LADING

Page 2 of     

Bill of Lading Number: BOL123

### ACCESSORIAL DETAILS:

Notify consignee before delivery  
Liftgate required @ P/U fee  
Liftgate delivery