



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

VICS Bill of Lading

Date: 4/18/2022		BILL OF LADING		Page 1 of ____					
SHIP FROM									
Name: INTERCO PRINTING Address: 971 GREENLICK CT 931-783-0193 City/State/Zip: COLUMBIA TN 38401 SID#: FOB: <input type="checkbox"/>			Bill Of Lading Number: REF12345						
CARRIER NAME: ESTES EXPRESS LINES									
SHIP TO			Trailer number:						
Name: ESTES CONSIGNEE Loc #: Address: STREET 1 City/State/Zip: ANCHORAGE AK 99501 CID#: FOB: <input type="checkbox"/>			Seal Number(s): 0						
THIRD PARTY FREIGHT CHARGES BILL TO:			SCAC: EXLA						
Name: Address: Bill being paid by Consignee City/State/Zip:			Pro number: Place PRO Label Here						
SPECIAL INSTRUCTIONS:			Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect <input checked="" type="checkbox"/> 3rd 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 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									
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	
1	BG	1	BG	5000		TESTING			
1		1		5000		GRAND TOTAL			
<small>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 _____"</small>						COD Amount \$ 1000.00			
						Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>			
NOTE Liability Limitations for loss or damage in this shipment may be applicable. See 49 U.S.C. - 14706(c)(1)(A) and (B).									
<small>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.</small>						<small>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</small>			
						Shipper Signature			
SHIPPER SIGNATURE / DATE <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>				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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <small>Property described above is received in good order, except as noted.</small>	



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SUPPLEMENT TO THE BILL OF LADING

Page 2 of

Bill of Lading Number: REF12345

ACCESSORIAL DETAILS:

Inside delivery charge

REMIT COD TO:

INTERCO PRINTING
971 GREENLICK CT

COLUMBIA TN 38401