



19027 S Jodi Road, Unit G
Mokena, IL 60448
Office: 708-570-1040
Email: [insert dep't email]
Contact: [insert CS rep
phone]

BOL
FNS PRO#: [insert our load
#]
Reference#: [customer ref#]

QR
CODE

Tracking
#

Consignee

[Enter consignee Name]
[Street Address]
[City, State Zip Code]
[Gate: and/or Dock:]

Shipper

[Enter shipper. (Refers to international shipper). For
now, this will always be blank. Also remove the title
"Shipper" if no shipper information is entered,
which it won't for now]

Truck Type: [Insert as (TCV or Dry then Truck Type)]
Trailer Set Point: [Insert reefer temp in F, list as 'Dry' if
not reefer]
Standards: [Insert '(Certification) Standards Compliant']
[Enter 'Standards as relates to attached']

MAWB: [insert MAWB, leave out Title **MAWB** if nothing
entered]
HAWB: [insert HAWB, leave out Title **HAWB** if nothing
entered]
Flight Date: [insert Flight Date, leave out...]
Incoterm: [enter 1 of the 11 int'l standardized terms,
leave out...]
Insurance: [enter Insurer, leave out...]

Pickup from: [Shipper Name]
[Street Address]
[City, State Zip Code]
[Gate: and/or Dock:]

Pickup at: [Scheduled Date, Time]
Pickup #: [Insert Pickup #]

Shipper Name: _____ **Sign:** _____

Delivery to: [Shipper Name]
[Street Address]
[City, State Zip Code]
[Gate: and/or Dock:]

Delivery at: [Scheduled Date, Time]
Delivery #: [Insert Delivery #]

Receiver Name: _____ **Sign:** _____

Pieces (CBM)	Piece Type	Commodity	Weight	Volume
[Total Pieces]	[pallet, crate, box, etc]	[Pharma, Hazardous, etc]	[Weight in lbs]	[Volume in

Shipment Requirements:

[Include Pre-Shipment Requirements]

Stop 1: [Scheduled Date, Time] at [Shipper Name, Street Address, City, State Zip Code, Gate: and/or Dock:]

Actions: [Include Stop Requirements]

Stop 2: [Scheduled Date, Time] at [Shipper Name, Street Address, City, State Zip Code, Gate: and/or Dock:]

Actions: [Include Stop Requirements]

Stop 3: [Scheduled Date, Time] at [Shipper Name, Street Address, City, State Zip Code, Gate: and/or Dock:]

Actions: [Include Stop Requirements]

Stop 4: [Scheduled Date, Time] at [Shipper Name, Street Address, City, State Zip Code, Gate: and/or Dock:]

Actions: [Include Stop Requirements]

Stop 5: [Scheduled Date, Time] at [Shipper Name, Street Address, City, State Zip Code, Gate: and/or Dock:]

Actions: [Include Stop Requirements]

Stop 6: [Scheduled Date, Time] at [Shipper Name, Street Address, City, State Zip Code, Gate: and/or Dock:]

Actions: [Include Stop Requirements]

Post-Shipment Requirements:

[Include Post-Shipment Requirements]