

STRAIGHT BILL OF LADING - SHORT FORM

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| Carrier Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     | Phone                                                                     |                                                                                                                                                                                                                                                                                                 | SHIPMENT IDENTIFICATION NO.  |                                                   |         |
| Carrier Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     | Date                                                                      |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                           |                                                                                                                                                                                                                                                                                                 | FREIGHT BILL PRO NO.         |                                                   |         |
| State and Zip:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     | SAC                                                                       | DUNS                                                                                                                                                                                                                                                                                            |                              |                                                   |         |
| TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                           | TRAILER/CAR NUMBER                                                                                                                                                                                                                                                                              |                              |                                                   |         |
| Consignee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                           | ROUTE                                                                                                                                                                                                                                                                                           |                              |                                                   |         |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| State and Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| FROM:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |                                                                           | SPECIAL INSTRUCTIONS                                                                                                                                                                                                                                                                            |                              |                                                   |         |
| Shipper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| State and zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| FOR PAYMENT SEND BILL TO:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |                                                                           | SHIPPER'S INTERNAL DATA                                                                                                                                                                                                                                                                         |                              |                                                   |         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                           | SID NO.                                                                                                                                                                                                                                                                                         |                              |                                                   |         |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| State & Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| Number Shipping Units                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | *HQ | Kinds of Packaging, Description of Articles, Special Marks and Exceptions | Code                                                                                                                                                                                                                                                                                            | Weight Subject to Correction | Rate                                              | Charges |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
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| REMIT C.O.D.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |                                                                           | COD                                                                                                                                                                                                                                                                                             |                              | C.O.D. FEE                                        |         |
| TO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |                                                                           | AMT: \$                                                                                                                                                                                                                                                                                         |                              | PREPAID <input type="checkbox"/> \$               |         |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                           | Subject to Section 7 of conditions, if this shipment is o be delivered to the consignee withot recourse on the consignor, the consignor shall sign the following statement:<br><br>The carrier shall not make delivey of this shipment without payment of freight and all aothe lawful charges. |                              | COLLECT <input type="checkbox"/> \$               |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              | TOTAL \$                                          |         |
| State & zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              | CHARGES                                           |         |
| NOTE - Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property.<br>The agreed or declared vlaue of the proerty is hereby specifcilly stated by the shipper to be not exceeding                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |                                                                           | Signature of Consignor                                                                                                                                                                                                                                                                          |                              | FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT |         |
| \$ per                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              | CHECK BOX IF COLLECT <input type="checkbox"/>     |         |
| RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and conditions of contents of packages unknown), marked consigned and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to its destination. It is mutually agreed as to each carrier of all or any of the said property, over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to the bill of lading terms and conditions in the governing classification on the date of shipment. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |
| SHIPPER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                           | CARRIER                                                                                                                                                                                                                                                                                         |                              |                                                   |         |
| PER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |                                                                           | PER                                                                                                                                                                                                                                                                                             |                              |                                                   |         |
| * Mark "X" or "RQ" if appropriate to designate Hazardous Materials as defined in the Department of Transport Regulations governing the transportation of hazardous materials. The use of this column is an optional method for identifying hazardous materials on bills of lading per Section172.201(a)(1)(iii) of Title 49, Code of Federal Regulations. Also, when shipping hazardous materials the shipper's certification statement prescribed in Section 172.204(a) of the Federal Regulations must be indicated on the bill of lading, unless a specific exemption fom this requirement is provided in the Regulations for a particular material.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |                                                                           |                                                                                                                                                                                                                                                                                                 |                              |                                                   |         |