

Date:	BILL OF LADING	Page 1 of _____						
SHIP FROM		Bill of Lading Number: _____						
Name:	Address:	City/State/Zip:						
SID#:	FOB: ☐							
SHIP TO		CARRIER NAME: _____						
Name:	Location #:	Trailer number:						
Address:		Seal number(s):						
City/State/Zip:		SCAC:						
CID#:	FOB: ☐	Pro number:						
THIRD PARTY FREIGHT CHARGES BILL TO:								
Name:	Address:							
City/State/Zip:								
SPECIAL INSTRUCTIONS:		Freight Charge Terms: Prepaid _____ Collect _____ 3 rd Party _____						
		☐ Master Bill of Lading: with attached (check box) underlying Bills of Lading						
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO				
GRAND TOTAL								
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION 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.	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
RECEIVING STAMP SPACE								
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:						COD Amount: \$ _____		
"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."						Fee Terms: Collect: ☐ Prepaid: ☐ Customer check acceptable: ☐		
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 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 / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.						Shipper Signature		
Trailer Loaded: ☐ By Shipper ☐ By Driver						Freight Counted: ☐ By Shipper ☐ By Driver/pallets said to contain ☐ 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.								

Page _____

CUSTOMER ORDER INFORMATION

[illegible]