

Date: _____		BILL OF LADING			Page 1 of _____	
SHIP FROM					Bill of Lading Number: _____  <div style="text-align: center; font-size: 1.5em; color: gray; margin: 10px 0;">BAR CODE SPACE</div>	
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____ FOB: <input type="checkbox"/>						
SHIP TO						
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ FOB: <input type="checkbox"/>						
THIRD PARTY FREIGHT CHARGES BILL TO:					CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____ <b>SCAC:</b> _____ <b>Pro number:</b> _____  <div style="text-align: center; font-size: 1.5em; color: gray; margin: 10px 0;">BAR CODE SPACE</div>	
Name: _____ Address: _____ City/State/Zip: _____						
<b>SPECIAL INSTRUCTIONS:</b> _____						
<b>Freight Charge Terms:</b> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____						
<input type="checkbox"/> (check box) Master Bill of Lading: with attached 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 <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.</small>
QTY	TYPE	QTY	TYPE			
						NMFC # CLASS
						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 _____."					<b>COD Amount: \$</b> _____  <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation 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, 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.		
<b>SHIPPER SIGNATURE / DATE</b> <small>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.</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 DOT emergency response guidebook or equivalent documentation in the vehicle.</small>						

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## CUSTOMER ORDER INFORMATION

[illegible]

## CARRIER INFORMATION

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