



Form Field
Recognition

Date: _____

BILL OF LADING

Page 1 of _____

FROM

Name: _____

Address: _____

City/State/Zip: _____

SID#: _____

FOB:

Bill of Lading Number: _____

BAR CODE SPACE

SHIP TO

Name: _____

Location #: _____

Address: _____

City/State/Zip: _____

CID#: _____

FOB:

CARRIER NAME: _____

Trailer number: _____

Seal number(s): _____

SCAC: _____

Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____

Address: _____

City/State/Zip: _____

BAR CODE SPACE

Freight Charge Terms: *(freight charges are prepaid unless marked otherwise)*

Prepaid _____ Collect _____ 3rd Party _____

SPECIAL INSTRUCTIONS:

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER

PKGS

WEIGHT

PALLET/SLIP
(CIRCLE ONE)

ADDITIONAL SHIPPER INFO