



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 \_\_\_\_\_

3<sup>rd</sup> Party \_\_\_\_\_



(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS:

## CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER

# PKGS

WEIGHT

PALLET/SLIP  
(CIRCLE ONE)

ADDITIONAL SHIPPER INFO