

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date 1/1/2016

Wally's Weld Works 111 Welder Way Lenexa, KS 66219 Wally (888) 555-8888 Reference Number: na
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Carrier:	Trucking Inc
Pro#:	
Load#:	1122334455
BOL#:	00000000

Consignee: Due Date 1/5/2016

Cal's Covers 222 Twin St Irving, TX 75063 Cal (222) 333-1111 Reference Number: PO's 9761902 and 9762059

All Freight charges PPD/3rd party bill to: Billing 123 Main St. Laguna Beach, CA 92677
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Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class
		Air filters NOI	6 Pieces	6.00	2968	Dry	69100-9 70
			6	6	2968		69100-9 70

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

NOTICE: Freight moving under this Bill of Lading is subject to classifications and tariffs established by the carrier and are available to shipper upon request. This notice supersedes and negates any claimed oral or written contract, promise, representation, or understanding between parties, except to the extent of any written contract signed by both parties to the contract.

Any unauthorized alteration or use of this bill of lading or the tendering of this shipment to any carrier other than that designated by company, may VOID company's obligations to make any payments relating to this shipment and VOID all rate quotes. All shippers, consignors, consignees, freight forwarders or freight brokers are jointly and severally liable for the freight charges relating to this shipment.

CUSTOMER AGREES TO THE ORGANIZATION'S TERMS AND CONDITIONS, WHICH CAN BE FOUND AT WWW.FREIGHTPAYCENTER.COM.

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____	Date: _____	Trailer# _____
Consignee Signature X _____	Date: _____	Seal# _____
Driver Signature X _____	Date: _____	Seal# _____

Permanent post-office address of shipper.