

**SHIP 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: \_\_\_\_\_

BAR CODE SPACE

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

**Freight Charge Terms:**  
 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 Y or N	ADDITIONAL SHIPPER INFO
<b>GRAND TOTAL</b>				

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>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
<b>RECEIVING STAMP SPACE</b>									
<b>GRAND TOTAL</b>									

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 \_\_\_\_\_.”

**COD Amount: \$** \_\_\_\_\_

**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**

**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.

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.

**SUPPLEMENT TO THE BILL OF LADING**

Bill of Lading Number: \_\_\_\_\_

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO
<b>PAGE SUBTOTAL</b>				



**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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						<b>PAGE SUBTOTAL</b>		