

Date: _____		<b>BILL OF LADING</b>			Page _____				
<b>SHIP FROM</b>				Bill of Lading Number: _____  <b>BAR CODE SPACE</b>					
Name: _____									
Address: _____									
City/State/Zip: _____									
SID#: _____ FOB: _____				CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____  <b>SCAC:</b> Pro number: _____  <b>BAR CODE SPACE</b>					
<b>SHIP TO</b>									
Name: _____ Location #: _____									
Address: _____									
City/State/Zip: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked collect)</i> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____  Master Bill of Lading: with attached underlying Bills of Lading (check box)					
CID#: _____ FOB: _____									
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>									
Name: _____									
Address: _____				<b>BAR CODE SPACE</b>					
City/State/Zip: _____									
SPECIAL INSTRUCTIONS:									
<b>CUSTOMER ORDER INFORMATION</b>									
<b>CUSTOMER ORDER NUMBER</b>		<b># PKGS</b>	<b>WEIGHT</b>		<b>PALLET/SLIP (CIRCLE ONE)</b>		<b>ADDITIONAL SHIPPER INFO</b>		
					Y    N				
					Y    N				
					Y    N				
					Y    N				
					Y    N				
<b>GRAND TOTAL</b>									
<b>CARRIER INFORMATION</b>									
<b>HANDLING UNIT</b>		<b>PACKAGE</b>		<b>WEIGHT</b>		<b>COMMODITY DESCRIPTION</b>		<b>LTN ONLY</b>	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	<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. See Section 2(e) of NMFC Item 360</small>		NMFC #	CLASS
<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: Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574 "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: Collect:    Prepaid:</b> <b>Personal/company check NOT acceptable: <input type="checkbox"/></b>		
<b>NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594.</b>							RECEIVING <b>STAMP SPACE</b>		
RECEIVED, subject to the rates, classifications and rules that have been established by the Carrier and are available on request to the Shipper (Shipper defined in 49 U.S.C.A. § 13102(13)(c)), and to all applicable state and federal regulations. Shipper 1) warrants it has read all applicable contract(s) or Carrier's applicable tariff(s) and the limitation of liability provisions set forth therein; and 2) has actual knowledge of and accepts the applicable contract or tariff terms, including the limits on carrier liability. Carriers' tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts.									
<b>SHIPPER SIGNATURE / DATE</b>				<b>Trailer Loaded:</b>		<b>Freight Counted:</b>		<b>CARRIER SIGNATURE / PICKUP DATE</b>	
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.				By Shipper		By Shipper		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.	
				By Driver		By Driver/pallets said to contain		Property described above is received in good order, except as noted.	
						By Driver/Pieces			