

Date: _____		BILL OF LADING				Page 1 of _____		
SHIP FROM						Bill of Lading Number: _____ <div style="font-size: 2em; opacity: 0.5;">BAR CODE SPACE</div>		
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____ FOB: <input type="checkbox"/>								
SHIP TO								
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO:						<div style="font-size: 2em; opacity: 0.5;">BAR CODE SPACE</div>		
Name: _____ Address: _____ City/State/Zip: _____								
SPECIAL INSTRUCTIONS:								
CUSTOMER ORDER INFORMATION						Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP <small>(CIRCLE ONE)</small>		ADDITIONAL SHIPPER INFO			
			<input checked="" type="checkbox"/> X	<input type="checkbox"/> N				
			<input type="checkbox"/> Y	<input type="checkbox"/> N				
			<input type="checkbox"/> Y	<input type="checkbox"/> N				
			<input type="checkbox"/> Y	<input type="checkbox"/> N				
			<input type="checkbox"/> Y	<input type="checkbox"/> N				
			<input type="checkbox"/> Y	<input type="checkbox"/> N				
GRAND TOTAL				<input type="checkbox"/> Y	<input type="checkbox"/> N			
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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
GRAND TOTAL								
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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>		
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 / DATE <small>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.</small>			Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE <small>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. Property described above is received in good order, except as noted.</small>	