

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

**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 \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

(check) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
<b>GRAND TOTAL</b>					

CARRIER INFORMATION						COMMODITY DESCRIPTION
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)		
QTY	TYPE	QTY				TYPE
						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.
<b>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 the terms and conditions set forth on the reverse side hereon as well as 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**

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: \_\_\_\_\_ Freight Counted: \_\_\_\_\_

\_\_\_ By Shipper     \_\_\_ By Shipper  
 \_\_\_ By Driver     \_\_\_ 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.

*Property described above is received in apparent good order, except as noted.*

RECEIVING  
STAMP SPACE