

Date:		BILL OF LADING			Page 1 of			
SHIP FROM								
Name: Address City/State Zip SID#				Bill of Lading Number:				
FOB: <input type="checkbox"/>				CARRIER NAME: Trailer number: Seal number(s): SCAC: Pro number:				
SHIP TO								
Name: Address City/State Zip CID#				Freight Charge Terms: Pr Collect 3rd Party <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading				
FOB: <input type="checkbox"/>								
THIRD PARTY FREIGHT CHARGES BILL TO								
Name: Address: City/State/Zip:								
SPECIAL INSTRUCTIONS:								
CUSTOMER ORDER INFORMATION								
ORDER NUMBER		#PKGS	WEIGHT	PALLET/SLIP (Circle One)		ADDITIONAL SHIPPER INFO		
				Y	N			
				Y	N			
				Y	N			
				Y	N			
				Y	N			
				Y	N			
				Y	N			
Grand Total				Y	N			
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC#	CLASS
RECEIVING						STAMP SPACE		
GRAND TOTAL								
<small>where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: Nothing is not a request for Additional Vargo 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 _____."</small>						COD Amount: \$ _____ Fee Terms: <input type="checkbox"/> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Personal/company check acceptable: <input type="checkbox"/>		
NOTE - Liability Limitation applies. See OD Rules 100, Items 574 and 594.								
<small>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 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. Carrier' tariff(s), including OD Rules 100, take precedence in the event of any terms or conditions conflicts.</small>						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper Signature:		
SHIPPER SIGNATURE/DATE			Trailer Loaded		Freight Counted		CARRIER SIGNATURE/PICKUP DATE	
<small>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.</small>			<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		<input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said t contain <input type="checkbox"/> By Driver/Pieces		<small>Carrier acknowledges receipt of package and request palckards. Carrier certifies emergency response information was made available an/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <small>Property described above is received in good order, except as noted.</small>	