

SHIP FROM	
Name:	
Address:	
City/State/Zip:	
SID#:	FOB: <input type="checkbox"/>

Bill of Lading Number: _____

BAR CODE SPACE

SHIP TO	
Name:	Location #: _____
Address:	
City/State/Zip:	
CID#:	FOB: <input type="checkbox"/>

CARRIER NAME: _____

Trailer number: _____

Seal number(s): _____

THIRD PARTY FREIGHT CHARGES BILL TO:	
Name:	
Address:	
City/State/Zip:	

SCAC: _____

Pro number: _____

BAR CODE SPACE

SPECIAL INSTRUCTIONS: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party _____

(check box) 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
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
			<input type="radio"/> Y	<input type="radio"/> N	
GRAND TOTAL					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
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. <i>See Section 2(e) of NMFC Item 360</i>	NMFC #	CLASS
RECEIVING							STAMP SPACE	
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: 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: <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
 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.