



BILL OF LADING

Date: _____

SHIP FROM	Bill of Lading Number:
SHIP TO	Carrier Name:
	Pro Number:
Special Instructions:	Freight Charge Terms:
	<input type="checkbox"/> Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION				
Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
			Y N	
			Y N	
			Y N	
			Y N	
Grand Total				

CARRIER INFORMATION										
Handling Unit		Package							LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description			NMFC No.	Class
						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				

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 USC § 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 charges and all other lawful fees. Shipper Signature: _____			
Shipper Signature/Date This is to certify that the above named materials are property classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Trailer Loaded: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver</td> <td style="width:33%;">Freight Counted: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces</td> <td style="width:33%;">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.</td> </tr> </table>	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.
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