

**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: \_\_\_\_\_  
 BAR CODE SPACE

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

**Freight Charge Terms:**  
 Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3<sup>rd</sup> Party \_\_\_\_\_

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

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

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

CARRIER INFORMATION							LTL ONLY	
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.</small>	NMFC #	CLASS
QTY	TYPE	QTY	TYPE					
<b>GRAND TOTAL</b>								

RECEIVING  
STAMP SPACE

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).**

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:**  By Shipper  By Driver  
**Freight Counted:**  By Shipper  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.