

Bill of Lading

Ship From:		Date: 30-January-2023	
SID#: <input type="checkbox"/> FOB		Bill of Lading No:	
Ship To: Location No:		BARCODE SPACE	
		Carrier Name: Trailer No: Seal Number(s):	
CID#: <input type="checkbox"/> FOB		SCAC: Pro No:	
Third Party Freight Charges - Bill To:		BARCODE SPACE	
		Freight Charge Terms (prepaid unless marked otherwise) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> Master BOL: w/attached underlying BOLs	

Special Instructions:

Customer Order Information				
Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info
Totals				

Carrier Information								
Handling Unit		Package		Weight	H.M. (X)	Commodity Description	LTL Only	
QTY	TYPE	QTY	TYPE				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. <small>See Section 2(e) of MNMFC Item 360</small>								
Totals								

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 _____ FOB _____."	COD Amt. \$ _____ Fee Terms: <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer Check Acceptable
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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 _____
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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
Shipper Signature _____ 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. Carrier Signature _____ Pickup Date _____	