

Bill of Lading

Tracking Number _____

SHIP TO		
COMPANY ON COD SHIPMENTS THE LETTERS COD MUST APPEAR BEFORE CONSIGNEE'S NAME		
STREET ADDRESS		
CITY	STATE	ZIP (REQUIRED)
PHONE NUMBER	FAX NUMBER	
THIRD PARTY BILLING		
BILL TO		
ADDRESS		
CITY	STATE	ZIP (REQUIRED)

SHIP FROM		
ADDRESS		
CITY	STATE	ZIP (REQUIRED)
PHONE NUMBER	FAX NUMBER	
CHARGES ARE PREPAID UNLESS MARKED COLLECT		<input type="checkbox"/> COLLECT (NOTE)
P.O. NUMBER	SHIPPER NUMBER	
SPECIAL INSTRUCTION/CONTACT PERSON /PHONE		
SERVICE TYPE, PLEASE CHECK (IF APPLICABLE)		
<input type="checkbox"/> EMERGENCY	<input type="checkbox"/> 3 HOUR	<input type="checkbox"/> 5 HOUR
<input type="checkbox"/> SAME DAY	<input type="checkbox"/> NEXT DAY	<input type="checkbox"/> INSURANCE

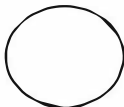
EMERGENCY RESPONSE TELEPHONE NUMBER FOR ALL HAZARDOUS MATERIALS 1-800-337-7455			TECHNICAL NAMES ARE REQUIRED FOR "N.O.S." AND OTHER GENERIC DESCRIPTIONS FOR ALL HAZARDOUS MATERIALS			
HAZARDOUS MATERIALS SECTION		MARK "X" IN "HM" COLUMN FOR HAZARDOUS MATERIALS				
PALLETS	PIECES	HM	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS, (DESCRIPTION HEREON SUBJECT TO RETL 105 ITEM 576)	WEIGHT (Subject to Correction)	CLASS	NMFC NO.

COD C.O.D. FEE TO BE PAID BY <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE \$ _____ X _____	<input type="checkbox"/> COMPANY CHECK OK <input type="checkbox"/> CASH OR CERTIFIED FUNDS TO	REMIT C.O.D. TO	NAME
			ADDRESS
			CITY STATE ZIP

NOTE (1) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).
 NOTE (2) 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 Sec 2(e) of NFMC Item 360.
 NOTE (3) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of property as follows:
 The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____

NOTE (4) If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.
 Received—complete and in good condition (Signature of Consignor) _____ Date: _____

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. The property described above, in apparent good order, except noted (contents and conditions of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its routes, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification in effect of date of shipment, as well as, the conditions of the face hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns. Insurance cost is \$.75 per every \$100.00 of freight value.

*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 DEPARTMENT OF TRANSPORTATION	*SHIPPER	CARRIER	TRAILER#	TIME	
	AUTHORIZED SIGNATURE	AUTHORIZED SIGNATURE	DRIVER #	DATE	