



Bill Of Lading

Bill of Lading Number:		Freight Charges Bill To			
		Name:			
		Address:			
		City/State/Zip:			
Carrier Name:		<i>Freight Charge Terms: (Freight Charges are Prepaid Unless Marked Otherwise)</i>			
Trailer Number:					
Seal Number(s):					
		<input type="checkbox"/> Pre Paid	<input type="checkbox"/> Collect	<input type="checkbox"/> 3rd Party	

Ship From			Ship To		
Name:			Name:		
Address:			Address:		
City/State/Zip:			City/State/Zip:		

Customer Order Information						
Customer PO Number	#PKGS	Weight	Cube	Pallet/Slip		Additional Info
				Y	N	
				Y	N	
				Y	N	
				Y	N	
Grand Total						

Carrier Information								
Handling Unit		Package		Weight	H.M.	Commodity Description	LTL Only	
QTY	Type	QTY	Type		Y/N		NMFC	Class

Special Instructions

Note: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C - 14706(c)(1)(A) and (B)

<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>_____ Shipper Signature</p>	<p>Trailer Loaded</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> By Shipper</div> <div style="text-align: center;"><input type="checkbox"/> By Driver</div> </div> <p>Driver Initials</p>	<p>Freight Counted</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"><input type="checkbox"/> By Shipper</div> <div style="text-align: center;"><input type="checkbox"/> By Driver</div> </div> <p>Driver Initials</p>
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Shipper Signature	Carrier Signature	Consignee Signature
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	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the emergency response guidebook or equivalent.	Consignee acknowledges receipt of packages in good order, except as noted.
Signature Date	Signature Date	Signature Date