

SHIP FROM		Bill of Lading Number: _____ <div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div>
Name: Address: City/State/Zip: SID#: _____ FOB: <input type="checkbox"/>		
SHIP TO		CARRIER NAME: _____ Trailer number: Seal number(s): SCAC: Pro number:
Name: _____ Location #: _____ Address: City/State/Zip: CID#: _____ FOB: <input type="checkbox"/>		
THIRD PARTY FREIGHT CHARGES BILL TO:		<div style="text-align: center; font-size: 1.2em; color: gray;">BAR CODE SPACE</div> Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3 rd Party _____ <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>
Name: Address: City/State/Zip:		
SPECIAL INSTRUCTIONS:		

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP <small>(CIRCLE ONE)</small>		ADDITIONAL SHIPPER INFO
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
			Y	N	
GRAND TOTAL					

CARRIER INFORMATION								
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. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
GRAND TOTAL								

RECEIVING
STAMP SPACE

If broken: a) Limit of liability \$2/pound or if declared value and surcharge paid. Any loss or damage must be mentioned on this transport receipt at the time of delivery, otherwise the consignee's signature will constitute proof that the goods were delivered in good condition and no claims will be honored. a) The carrier is not responsible for loss, damage or delay of the goods transported which are described in the bill of lading only on the condition that a written notice specifying the origin of the goods, their destination, their date of shipment and the approximate amount claimed in compensation for loss, damage or delay is notified to the destination carrier within ten (10) days of its delivery date. b) The presentation of the final claim accompanied by proof of payment of transportation charges must be submitted to the carrier within nine (9) months of the date of shipment.	<table style="width: 100%;"> <tr> <td style="text-align: right; font-weight: bold;">COD Amount: \$</td> <td>_____</td> </tr> <tr> <td style="text-align: right; font-weight: bold;">Fee Terms:</td> <td>Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></td> </tr> <tr> <td style="text-align: right; font-weight: bold;">Customer check acceptable:</td> <td><input type="checkbox"/></td> </tr> </table> <p style="font-size: 0.8em;">The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p style="text-align: right; font-weight: bold;">Shipper Signature _____</p>	COD Amount: \$	_____	Fee Terms:	Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>	Customer check acceptable:	<input type="checkbox"/>
COD Amount: \$	_____						
Fee Terms:	Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/>						
Customer check acceptable:	<input type="checkbox"/>						
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.	<table style="width: 100%;"> <tr> <td style="width: 50%;"> Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver </td> <td style="width: 50%;"> Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces </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				
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. <i>Property described above is received in good order, except as noted.</i>							