Date:					В	ILL	OF	LA	۱D	ING		Page 1 of		
SHIP FROM								5''' (1 I' N I						
Name:									Bill of Lading Number:					
Address	-													
City/State/Zip:								_	BAR CODE SPACE					
SID#: FOB: □														
SHIP TO Location #:									CARRIER NAME: Trailer number:					
Address:									Seal number(s):					
									. ,					
City/State/Zip: CID#: □ COR: □								_	SCAC: Pro number:					
CID#.	TU	IDD DAD	TV EDEICH	T CHARGES	BILL TO:		-ов: [_	-	o number.				
Name:	Ш	IKU PAK	FREIGH	CHARGES	BILL IU.						BAR CODE S	PACE		
Address	s:													
City/Sta	ate/Zip:								Freight Charge Terms: (freight charges are prepaid unless					
									marked otherwise)					
SPECIA	AL INSTRI	JCTION	S:						Prepaid Collect 3 rd Party				y	
											Master Bill of Lading:	with attached u	underlying	
					CUST	OMER	ORDE	R INF	OR	(check box) MATION	Bills of Lading			
CUS	TOMER OF	RDER NU	MBER	# PKGS			PALLI	ET/S	LIP		ADDITIONAL SHIP	PER INFO		
							(CIRC		N N					
							Υ		N					
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			+		Υ		N							
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GRANE	TOTAL							1						
HANDLING UNIT PACKAGE					CARRIER INFORM						CDIDTION	LTL ONLY		
QTY	TYPE	QTY	TYPE	WEIGHT	н.м.	Commodities requiring spe			cial or		ention in handling or stowing must be so	NMFC#	CLASS	
				WEIGHT	(X)				See	as to ensure safe tran Section 2(e) of NMF	sportation with ordinary care. C Item 360		-	
												RECEIVI	NG	
												STAMP	SPACE	
Where the rate is dependent on value, shippers are required to state specific						ically in writing the agreed or			_	GRAND TO				
declared va	lue of the prope	rty as follows	: ' '	ally stated by the	•	•	•			COD Amo		Dranaid: 🗖	-	
The agreed		ue of the pro		ally stated by the	snipper to be	not exce	eding				erms: Collect: Customer check accepts	Prepaid: □ able: □		
NOTE I				damage in t	his shipn	nent n	nay be	appi	ical	ole. See 49	U.S.C. ■ 14706(c)(1)(A) a	and (B).		
RECEIVED	, subject to indiv	idually deterr	mined rates or co	ontracts that have to the rates, class	been agreed	l upon in	writing		Th	e carrier shall n	ot make delivery of this shipme	ent without paymen	nt of freight	
	by the carrier a			er, on request, and					an	d all other lawfu	i criaryes.	Shipper	Signature	
SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified,							d: Freight Counted					CARRIER SIGNATURE / PICKUP DATE		
packaged, ma	arked and labeled, a	Shipper By Shipper						Carrier acknowledges receipt of packages and required placards. Carrier ce emergency response information was made available and/or carrier has the emergency response guidebook or equivalent documentation in the vehicle.						
									ets said to contain			as noted.		
☐ By Driver/Piec										es				

Date:				SUPPLI	EMEN	тто	THE	BILL	OF LADING	Page		
							Bill	of Lad	ing Number:			
				Cl	JSTOME	R ORD	ER INF	ORMAT	TION			
CUSTOMER ORDER NUMBER # F					S WE	IGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL	ADDITIONAL SHIPPER INFO		
							Y	N				
							Υ	N				
							Υ	N				
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	PAGE S	SUBTO	TAL									
					CAR	RIER IN	FORM	ATION				
HAND	ANDLING UNIT PACKAGE					С	OMM	ODIT	LTL O	NLY		
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)		must be so m	arked and p with c	additional care or attention in handling or backaged as to ensure safe transportation ordinary care. (e) of NMFC Item 360	NMFC #	CLASS	
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							D	AGE S				