Date: 05/18/2020

BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

SHIP FROM:		**Bill of Lading Number:**
Name:		Barcode Space
Address:		
City/State/Zip:		
Sid#:		**Carrier Name:**
SHIP TO:		**Trailer No:**
Name:	**Location:**	**Serial Number(s):**
Address:		**SCAC:**
City/State/Zip:		**Pro No:**
Cid#:		Barcode Space
THIRD PARTY FREIGHT CHARGES - BILL TO:		
Name:		
Address:		**Freight Charge Terms: (prepaid unless marked otherwise)**
City/State/Zip:		
Special Inatructions:		**Prepaid:** ☐ **Collect:** ☐ **3rd Party:** ☐
		Master BOL: w/attached underlying BOLs: ☐

CUSTOMER ORDER INFORMATION

Customer Order No.	#Pkgs.	Weight(unit:KG).	Pallet/Slip (Y/N)	Additional Shipper Info
	0	0.000	Y N	
	0	0.000	Y N	
	0	0.000	Y N	
	0	0.000	Y N	
	0	0.000	Y N	
Total	**0**	**0.000**		

CARRIER INFORMATION

Handling Unit		Package		Weight	H.M. (X)	Commodity Description	LTL Only	
QTY	Type	QTY	Type				NMFC#	CLASS
0		0		0.000				
0		0		0.000				
0		0		0.000				
0		0		0.000				
0		0		0.000				
0		0		0.000				

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

per "

COD Amt. $

Fee Terms:

Collect: ☐ **Prepaid:** ☐

Customer Check Acceptable: ☐

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.

Consignee signature

Shipper Signature/Date

Date

05/18/2020

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

☐ **By Shipper**

☐ **By Driver**

Freight Counted

☐ **By Driver**

☐ **By Driver/pallets said to contain**

☐ **By Driver/Pieces**

Carrier Signature/Date

Pickup Date

05/18/2020

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.