

SHIP FROM:		Bill of Lading Number:	
Name:		Barcode Space	
Address: kolkata			
City/State/Zip: kolkataaaa			
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:		Prepaid: <input type="checkbox"/>	
Special Inatructions:		Collect: <input type="checkbox"/>	
		3rd Party: <input type="checkbox"/>	
		Master BOL: w/attached underlying BOLs: <input type="checkbox"/>	

CUSTOMER ORDER INFORMATION

Customer Order No.	#Pkgs.	Weight(unit:KG).	Pallet/Slip (Y/N)	Additional Shipper Info		
	0	0.000	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Y</td> <td style="width: 50px; text-align: center;">N</td> </tr> </table>	Y	N	
Y	N					
	0	0.000	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Y</td> <td style="width: 50px; text-align: center;">N</td> </tr> </table>	Y	N	
Y	N					
	0	0.000	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Y</td> <td style="width: 50px; text-align: center;">N</td> </tr> </table>	Y	N	
Y	N					
	0	0.000	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Y</td> <td style="width: 50px; text-align: center;">N</td> </tr> </table>	Y	N	
Y	N					
	0	0.000	<table border="1" style="display: inline-table;"> <tr> <td style="width: 50px; text-align: center;">Y</td> <td style="width: 50px; text-align: center;">N</td> </tr> </table>	Y	N	
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				

<p>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:</p> <p>"The agreed or declared value of the property is specifically stated by the shipper to be not exceeding</p> <p style="text-align: center;">per "</p>	<p>COD Amt. \$</p> <hr/> <p>Fee Terms:</p> <p>Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer Check Acceptable: <input type="checkbox"/></p>
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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>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Consignee signature</p>
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<p>Shipper Signature/Date</p> <p>Date</p> <p>05/18/2020</p> <p>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.</p>	<p>Trailer Loaded</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p>Freight Counted</p> <p><input type="checkbox"/> By Driver</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p>	<p>Carrier Signature/Date</p> <p>Pickup Date</p> <p>05/18/2020</p> <p>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.</p>
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