

SHIP FROM

Name: *My Company*
 Address: *111 S. Main St.*

 City/State/Zip: *Moline, IL 61265*
 SID#: _____ FOB:

Bill of Lading Number: **06141411234567906**



(402) 06141411234567906

SHIP TO

Location #: **0669**
 Name: *Acme Roadrunner Traps*
 Address: *1255 Desert Hwy Southwest*

 City/State/Zip: *Hot Sands, AZ 85445*
 CID#: **PO77566** FOB:

CARRIER NAME: My Favorite Trucking Company

Trailer number: *TN-2249766*
 Seal number(s): *14557, 14558, 14559*

SCAC: AAAA

Pro number: **1234567901234567890**



(9012K) AAAA1234567901234567890

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____

 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid Collect 3rd Party

Master Bill of Lading: with attached underlying Bills of Lading
 (check box)

SPECIAL INSTRUCTIONS:

My special instructions will be printed here. They are nicely centered and bold-faced for me.

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
160763145	25	288	No	25 floor loaded loose
16763642	160	800	No	
160763643	201	1005	No	1 floor loaded loose
160758227	206	1836	No	6 floor loaded loose
16763646	135	810	No	
GRAND TOTAL	727	4739		

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or slowing 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
23	plts	2076	ctns	14295		Box Clothing in Bulk		
90	ctns	90	ctns	683		Box Clothing in Bulk		
14	plts	140	ctns	2544	X	Cotton Hosiery	049940 00	
127		2306		17522		GRAND TOTAL		

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
 _____ 1,000 per pallet."

COD Amount: _____
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.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature _____ Shipper

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, described, 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 Shipper
 By Driver/pallets said to contain
 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.

Property described above is received in good order, except as noted.

Phones: _____ Ship From: 626-555-1212 Ship To: 909-555-8765 3rd Party: _____

Hazardous materials statement will be printed here.