



UNIFORM STRAIGHT BILL OF LADING
Original---Not Negotiable

**SUBJECT TO THE TERMS AND CONDITIONS
OF THE UNIFORM BILL OF LADING**
Questions? Call 866.393.4585

Carrier SCAC Code: _____

Date	
Shipper's Bill of Lading #	
Purchase Order #	
Shipper #	Shipper #

PLACE PRO LABEL HERE

SHIPPER (from)

Please provide zip codes and phone numbers.

CONSIGNEE (to)

Shipper			Consignee 		
Address			Address		
Address			Address		
City	State/Province	Zip	City	State/Province	Zip
Country	Phone		Country	Phone	
Special Instructions					

BILL FREIGHT CHARGES TO: (if different than above)

Name		Street			
P.O. Box	City	State	Zip		

Freight charges are PREPAID unless marked collect.	C.O.D. \$ _____ AMOUNT	1. The letters "C.O.D." must appear in box before consignee's name above.
CHECK BOX IF COLLECT <input type="checkbox"/>		2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check
		3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee

REMIT C.O.D. TO: (if different than shipper above)

Name		Street			
City	State	Zip	Phone		

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 property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, or otherwise referenced, which are hereby agreed to by the shipper and accepted for himself and his assigns.

NO. HANDLING UNITS			HM	DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS.	NMFC ITEM #	CLASS	CUBE
Pieces	Pallets	(X)	(subject to correction)					(cubm)

TOTAL HANDLING UNITS: Pieces _____ Pallets _____ Total _____

★ MARK "X" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS AS DEFINED IN DOT REGULATIONS.

NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must 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 _____."

NOTE (2) Liability Limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current National Motor Freight Classification, STB NMF 100 series, or this carrier's governing tariffs. In no event shall carrier's liability exceed \$100,000 per incident.

NOTE (3) 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 Sec. 2(e) of NMFC Item 360.

FOR FREIGHT COLLECT SHIPMENTS

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Consignor Signature _____

SHIPPER CERTIFICATION

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 Department of Transportation.

Shipper Signature _____ Date _____

CARRIER CERTIFICATION

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 document in the vehicle.

SINGLE SHIPMENT	DATE	DRIVER / EMPLOYEE NUMBER & SIGNATURE
Circle One Y N		