

This is to certify that the below-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 No: _____

Carrier No: _____

Date: _____

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE

| | |
|--------------------|--------------------|
| TO Consignee | FROM Shipper |
| Street | Street |
| City/ST/Zip | City/ST/Zip |
| Contact Name/Phone | Contact Name/Phone |

| | |
|---------------------|---------------------|
| PO No. _____ | BL No. _____ |
|---------------------|---------------------|

| |
|------------------------|
| BILL TO Third Party |
| Street |
| City/ST/Zip |
| Contact Name/Phone |

FREIGHT CHARGES

Unless indicated charges are to be prepaid.

Prepaid Collect

| # OF SHIPPING UNITS | *HAZ MAT | DESCRIPTION OF ARTICLES | NMFC # | CLASS | WEIGHT |
|---------------------|--------------------------|-------------------------|--------|-------|--------|
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |
| | <input type="checkbox"/> | | | | |

Comments:

| | |
|-------------------------------|--------------------------------|
| Emergency Contact Name: _____ | Emergency Contact Phone: _____ |
|-------------------------------|--------------------------------|

C.O.D. Amount \$ _____

Remit To: _____

Company Check Acceptable: Yes No

C.O.D. Fee Prepaid Collect

**PLACE
BAR CODED
PRO STICKER
HERE**

NOTE - where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.

_____ PER LB.

SUBJECT TO SECTION 7

If the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign following statement. The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

PER _____

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above with said carrier (the word carrier being understood throughout this contract and meaning any person or corporation is possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to the said destination. It is mutually agreed as to each carrier of all or any of, said property overall or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification of the date of the shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

| | | |
|---------|---------|----------------|
| Shipper | Carrier | Handling Units |
| Per | Per | Date |