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Date:	Date: BILL OF LADING					Page 1			
Name: Address: City/State/Z SID#: Expected S Shipping/R Phone Num Pickup/Deli Load: Name: Address: City/State/Z	Zip: hip Date: eceiving Contact: hber: very Number:	SHIP F	FOB:	ILL OF LA	DING	Bill o CAR Carrie Seal SCA PRO Freig	RIER er Rei er Numb Numb C: Num ght C	ISHARED TRANSPORTATION Ing Number: NAME: mit To: nber: ber(s): hber: harge Terms (freight charges are	
Shipping/R Phone Nun Pickup/Deli Load:	Pelivery Date: eceiving Contact: hber: very Number: NSTRUCTIONS:	FC	DB:	IER ORDER I	INFOR	Prepa	aid Maste underl	Inless marked otherwise): Collect Third Party r Bill of Lading: with attached lying Bills of Lading	
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALL	ALLET/SLI		ADDITIONAL SHIPPER INFO		
GRAND TOTAL									
<u> </u>					RMATI	ON			
HANDLING	UNIT	PACK							
QTY	TYPE	QTY	TYPE	WEIGHT		COMMODITY DESCRIPTION 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									
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.			By Shipper: By Driver:				CARRER 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.		