CARRIER: NEW PENN MOTOR EXPRESS,INC.
CORPORATE OFFICE: PHONE (717) 274-2521
FAX (717) 274-5593
P.O. BOX 630, LEBANON, PA 17042-0630

STRAIGHT BILL OF LADING
NOT NEGOTIABLE

NPME EQUAL OPPORTUNITY EMPLOYER

N.P. SHIPPER CODE

DATE

CONSIGNEE (TO)

NAME

STREET

ADDRESS LINE 2

DESTINATION - CITY, STATE | ZIP + 4

CONSIGNEE'S PHONE NO. | CONSIGNEE'S REFERENCE/PO NO.

THIRD PARTY BILL TO:

NAME

STREET

DESTINATION - CITY, STATE | ZIP + 4

SHIPPER (FROM)

NAME

STREET

ORIGIN - CITY, STATE | ZIP + 4

SHIPPER'S BILL OF LADING NO:

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT:

CHECK BOX IF COLLECT ☐

FOR FREIGHT COLLECT SHIPMENTS
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 THE SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL OTHER LAWFUL CHARGES.

SIGNATURE OF CONSIGNOR

NUMBER SHIPPING UNITS	* HM	KINDS OF PACKAGING, DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS (SUB. TO CORR.)	WEIGHT (LBS.) (SUB. TO CORR.)	NMFC CLASS (FOR INFO. ONLY)

C.O.D. AMOUNT

$ _____

C.O.D. FEE:

PREPAID ☐

COLLECT ☐

C.O.D. PAYMENT

COMPANY CHECK ACCEPTED ☐

CASH OR CERTIFIED CHECK ☐

IF NOT CHECKED PAYMENT WILL BE CASH OR CERTIFIED CHECK

REMIT C.O.D. CHECK TO:

NAME:

STREET

ORIGIN-CITY,STATE | ZIP + 4

NOTE(1)- 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 _____

NOTE(2)- Limitation for loss or damage of this shipment may be applicable. See 49 U.S.C. 14706(c)(A) and (B).

NOTE(3)- Carrier's liability shall be limited to a maximum of $10.00 per pound. This shipment is subject exclusively to the uniform bill of lading, the released values and other provisions of NMF 100 & NPME 100 Series tariffs. To receive coverage in excess of the maximum, INSERT TOTAL DOLLAR AMOUNT BELOW: There will be a charge for excess liability coverage.

$ _____ excess liabilty coverage requested.

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; the property described above, in apparent good order, except as noted (contents and condition of contents of package unknown marked, consigned, and destined as shown above, 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 Uniform Bill of Lading Terms and Conditions, which are agreed to by the shipper and accepted for himself and his assigns.

SHIPPER CERTIFICATION	CARRIERS CERTIFICATION
I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Per _____ 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 document in the vehicle. Driver _____ Package Nos. _____ Date _____ /Trailer No. _____

Hazmat Emergency Response Telephone Number: _____

Registered Company: _____ Contract#: _____

* Mark with "X" to designate Hazardous Materials as defined in the DOT Regulations

** Truncation has occurred

RATE QUOTE #					GUARANTEED DELIVERY OPTION:
					DELIVERY DATE:
	SKIDS	DRUMS	LONG	LOOSE	OPEN: CLOSE: