

Straight Bill of Lading

BILL #: _____

BILL DATE: _____

SHIP TO

Consignee Name
Company
Street
City, ST, Zip
Phone

FROM

Shipping Name
Company
Origin
City, ST, Zip
Phone

BILLING INFORMATION

Name
Company
Street
City, ST, Zip

SHIPPING OR SPECIAL INSTRUCTIONS

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NO. SHIPPING UNITS	PKG TYPE	HM	DESCRIPTION OF ARTICLES	WEIGHT	RATE	CHARGES

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

_____ (Signature of Consignor)

**TOTAL
CHARGES \$**

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

Freight Charges are collect unless Box is Marked Prepaid

CHECK IF PREPAID _____

Received subject to individually determined rates, classifications or written contracts that have been agreed on in writing between the carrier and shipper on the date of issue, if applicable, otherwise to rates, classifications and rules that have been established by the carrier and are available to the shipper on request.

The property described above is in apparent good order, except as noted. If on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property, over all or any portion of said route to destination and as to each party at any time interested in all or any 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 on the date of 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.

Shipper Company	Carrier
Per	Trailer # Date

Shipper Signature

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MARK 'X' IN HM COLUMN FOR HAZARDOUS MATERIALS