

ENGLISH BILL OF LADING

Date _____

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BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

SHIP FROM	Bill of Lading Number:
[Name] [Street Address] [City, ST ZIP Code] SID No.:	BAR CODE SPACE
SHIP TO	Carrier Name:
[Name] [Street Address] [City, ST ZIP Code] CID No.:	Trailer number: Serial number(s):
THIRD PARTY FREIGHT CHARGES BILL TO	SCAC:
[Name] [Street Address] [City, ST ZIP Code]	Pro Number: BAR CODE SPACE
Special Instructions:	Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
	<input type="checkbox"/> Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
			Y	N	
			Y	N	
			Y	N	
			Y	N	
Grand Total					

CARRIER INFORMATION

Handling Unit		Package		Commodity Description				LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description 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 Section 2(e) of NMFC item 360		NMFC No.	Class

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 _____ per _____."

COD Amount: \$ _____
 Fee terms: Collect Prepaid Customer check acceptable