

STRAIGHT BILL OF LADING—SHORT FORM—ORIGINAL—NOT NEGOTIABLE

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 which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in 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 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 are hereby agreed to by the shipper and accepted for himself and his assigns.

From 1 _____

At 2 _____ 19__ BY TRUCK FREIGHT Shipper's No. _____

Carrier 4 _____ Agent's No. _____
(Mail or street address of consignee—For purposes of notification only.)

Consigned to 5 _____

Destination 6 _____ State of 9 _____ County of _____

Route 7 _____

Delivering Carrier 8 _____ Vehicle or Car Initial _____ No. _____

No. Packages	HM	Description and Classification Proper Shipping Name, (Technical Names), Class, UN or NA Identification No.	ERG Guide No.	*Weight (Sub. to Cor.)	Class or Rate	Check Column
10	11	12	13	14	15	16

Subject to Section 7 of conditions of applicable bill of lading, 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.

Per _____
(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid." 17

Received \$ _____
to apply in prepayment of the charges on the property described hereon.

Agent or Cashier
Per _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced \$ _____

C.O.D. SHIPMENT

Prepaid Collect \$ _____

Collection Fee _____

Total Charges _____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "Carrier's or Shipper's weight."

†Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Department of Transportation.

NOTE—Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

THIS SHIPMENT IS CORRECTLY DESCRIBED. CORRECT WEIGHT IS _____ LBS.

PLACARDS TENDERED YES NO 18 EMERGENCY CONTACT: 19

†The fibre containers used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Uniform Freight Classification and Rule 5 of the National Motor Freight Classification. † Shipper's imprint in lieu of stamp, not a part of bill of lading approved by the Interstate Commerce Commission.

Permanent post-office address of shipper: _____ Shipper, Per _____
Agent, Per _____

INSTRUCTIONS FOR COMPLETING THE STRAIGHT BILL OF LADING — SHORT FORM

1. Enter the shipper's name and the address of the point of origin of the shipment.
2. Enter the date of shipment.
3. Specify if the shipment is by truck or other mode and indicate the shipper's control or shipment number, if applicable.
4. Enter the name of the carrier transporting the freight and the Agent's no., if applicable.
5. Enter the complete name of the consignee (recipient) of the freight.
6. Specify the address, city, county, and state of the consignee.
7. Enter the route of the shipment from origin to destination, if known.
8. Enter the name of the delivering carrier or trucking company.
9. Specify the carrier's vehicle number, if known.
10. Enter the total number of packages or pieces consigned in the shipment.
11. Enter an "X" in the "HM" column prior to each hazardous material description. (The "X" may be replaced by "RQ," if appropriate).
12. Describe the shipment. If the shipment is a hazardous material, specify the Identification Number, proper shipping name, hazard class or division number, technical name if required, Packing Group, and any additional DOT description requirements, if any.
13. Enter the three digit Emergency Response Guidebook guide number if the shipment is a hazardous material.
14. Enter the gross weight of the shipment.
15. Specify the NMFC Class of the goods and / or the shipping rate, if known.
16. Check column for optional use.
17. Billing and delivery statements to be completed by the shipper in accordance with the terms of sale.
18. For hazardous shipments, indicate if required placards were provided by the shipper.
19. Name and 24 hour telephone number of emergency contact if hazardous material.
20. Certification to be signed by shipper or shipper's agent.