



ELECTRONIC SOLUTIONS LOGISTICS

WHERE YOU WANT IT WHEN YOU NEED IT

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**Straight Bill Of Lading - Short Form
Original - Not Negotiable**

Name Of Carrier: _____

Carrier#: _____ Ref#: _____

Shippers#: _____ Autho#: _____

Received @ : _____

From: _____

Consigned To: _____
Street Address

Destination: _____ State: _____ Zip: _____ County: _____

Route: _____

Delivery Carrier: _____

Car or Vehicle Initials: _____ Vehicle#: _____

Packages: _____ Weight: _____

Description of Cargo: _____

Shippers Certification: /S/ _____
Name & Title

Driver Name: _____

Airbill#: _____ DIMZ: _____

Date: _____ Time: _____ A.M. / P.M

Consignee: /S/ _____
Name & Title

/S/ _____
Printed Name / Consignee

Time & Date: _____

Other Remarks: _____

C.O.D. Amount: _____ Collection Fee: _____

Total Charges: _____

Agent / Carrier: _____

Permanent Post Office Address Of Shipper: _____

Consignee Tel#: _____ Pgr: _____