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STRAIGHT BILL OF LADING – ORIGINAL – NOT NEGOTIABLE			
	Shipper's No		
On minute of the control of the cont			
Carrier SCAC _ RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing b established by the carrier and are available to the shipper, on request; and all applicable state and federa	etween the carrier and shipper, if applicated regulations:	ers IVO lle, otherwise to the rates, clas	sifications and rules that have been
at	in possession of the property under the s to each carrier of all or any of said Proper pereunder shall be subject to all the cond	contract) agrees to carry to de erty over all or any portion of s	livery at said destination, if on its aid route to destination, and as to
то:	FROM:		
Consignee	Shipper		
Street	Street		
Destination Zip	Origin		Zip
Route			
Delivering Carrier	Vehicle Number	U.S. DOT	Hazmat Reg. No.
Number and Type HM I.D. Description of Artic	les Hazard		Weight Class or
of Packages Number Description of Artic	Class	Grp. (mass, volume, or activity)	correction) Rate
Remit COD to:	Subject to Section 7 of conditions, if this shipment is to be delivered to the consigner without recourse on the consigner the	COD AMT:	COD FEE:
	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	\$	Prepaid ☐ Collect ☐ \$
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 \$	other lawful charges. ' (Signature of Consignor)	TOTAL CHARGES:	FREIGHT CHARGES: Prepaid Collect
NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).		PLACARDS SUPPLIED	BY SHIPPER BY CARRIER
This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. Per	REQUIRED	DRIVER'S SIGNATURE:	
SHIPPER:			
PER: DATE:	PER:		DATE:
EMERGENCY RESPONSE NAME OR CONTRACT NUMBER OR OTHER LINIQUE IDENTIFIER:			