Standard Bill of Lading Form

Date:

BILL OF LADING

SHIP FROM

Name:

Address:

City/State/Zip:

SID#: FOB: ☐

SHIP TO

Name:

Address:

City/State/Zip:

CID#: FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:

Address:

City/State/Zip:

SPECIAL INSTRUCTIONS:

Bill of Lading #

CARRIER NAME:

Trailer number:

Seal number(s):

SCAC:

Pro number:

Freight Charge Terms: *(freight charges are prepaid unless marked otherwise)*

Prepaid ☐ Collect ☐ 3rd Party ☐

Oversize Cartons:

Yes ☐ No ☐

☐ (check box) Master Bill of Lading: with attached underlying Shipping Manifest

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER or PO NUMBER	# OF CARTONS	Wt. in lbs.	PALLET	SHIP-TO LOCATION
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
			Y ☐ N ☐	
GRAND TOTAL				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		Weight in lbs.	Haz-mat	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. *See Section 2(e) of NMFC Item 360*	NMFC #	CLASS
					☐			
					☐			
					☐			
					☐			
					☐			
						GRAND TOTAL		

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: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. : 14706(c)(1)(A) and (B)

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

/

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____ Shipper

Signature

SHIPPER SIGNATURE / DATE

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 DOT.

Trailer Loaded

☐ By Shipper

☐ By Driver

Freight Counted:

☐ By Shipper

☐ By Driver/pallets said to contain

☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle..

Property described above is received in good order, except as noted.

Date:

SUPPLEMENT TO THE BILL OF LADING

Bill of Lading #

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER or PO NUMBER	# OF CARTONS	Wt. in lbs.	PALLET	SHIP-TO LOCATION
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
PAGE SUBTOTAL				

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		Weight in lbs.	Haz-mat	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. *See Section 2(e) of NMFC Item 360*	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						PAGE SUBTOTAL		