

II. The Standard Bill of Lading Form

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Date: ___/___/___

BILL OF LADING

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SHIP FROM

Name:
Address:
City/State/Zip: ___/___/___
REF/PO#:



SHIP TO

Name:
Address:
City/State/Zip: ___/___/___
REF/PO#:

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
Address:
City/State/Zip: ___/___/___

SCAC: GOTH
PO Number:
Bill of Lading Number:
Trailer Number:
Seal Number(s):

SPECIAL INSTRUCTIONS:

Ref: ORDER#

BAR CODE SPACE

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

Prepaid: Collect: 3rd Party:

Master Bill of Lading: with attached underlying Bills of Lading (Check Box)

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CHECK ONE)		ADDITIONAL SHIPPER INFO
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
GRAND TOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M.	COMMODITY DESCRIPTION <small>Comodities requiring special or additional care or attention in handling or stowing must be so marked and packagd as to ensure safe transportoin with ordinary care. See Section 2(e) of NMFC item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				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 U.S. 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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.
_____/____/____

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

DRIVER SIGNATURE / DATE
_____/____/____

RECIPIENT SIGNATURE / PRINTED NAME / DATE / TIME
Sign: _____ Print: _____ Date: ___/___/___ Time: ___:___