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DATE: \_\_\_\_\_

ROUTING: \_\_\_\_\_ SHIPPER REF #: \_\_\_\_\_

CONSIGNEE (TO)		PHONE	SHIPPER (FROM)		PHONE
STREET			STREET		
CITY	STATE	ZIP	CITY	STATE	ZIP

NO. OF SHIPPING UNITS	HM	TYPE OF PACKAGING, DESCRIPTION OF ARTICLES	WEIGHT (lbs.)

DELIVERY INSTRUCTIONS:	THIRD PARTY BILLING:

<b>FREIGHT CHGS</b>
PREPAID <input type="checkbox"/>
COLLECT <input type="checkbox"/>
THIRD PARTY <input type="checkbox"/>
=====
C.O.D. FOR MDSE
\$ _____
C.O.D. FEE
PREPAID <input type="checkbox"/>
COLLECT <input type="checkbox"/>
THIRD PARTY <input type="checkbox"/>

<b>FOR SHIPPER:</b> <small>THIS IS TO CERTIFY THAT THE ABOVE-NAMED HAZARDOUS MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPT. OF TRANSPORTATION.</small>	<b>FOR CARRIER:</b>
DATE: _____	DATE: _____ NO. PCS. _____
_____	_____