



# How to fill out a Bill of Lading

A quick guide



# Standard Bill of Lading Form

- \* Traditional Portrait layout
- \* Actual size of this form is 8.5" X 11"

Our walk through will take sections of this BOL and detail the areas that are required to be completed for each shipment.

Date: _____		<b>Page</b> _____			
<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> _____			
Name: _____ Address: _____ City/State/Zip: _____ SID#: _____		BAR CODE SPACE			
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____		CARRIER NAME: _____ Trailer number: _____ Seal number(s): _____			
FOB: <input type="checkbox"/>		SCAC: _____ Pro number: _____			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		BAR CODE SPACE			
Name: _____ Address: _____  City/State/Zip: _____		Freight Charge Terms: ( <i>freight charges are prepaid unless marked otherwise</i> ) Prepaid _____ Collect _____ 3rd Party _____			
SPECIAL INSTRUCTIONS: _____		<input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading (check box)			
<b>CUSTOMER ORDER INFORMATION</b>					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SKID (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
			Y   N		
			Y   N		
			Y   N		
			Y   N		
			Y   N		
			Y   N		
<b>GRAND TOTAL</b>					
<b>CARRIER INFORMATION</b>					
HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION	LTL ONLY
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)
				Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 369.	
				NMFC # CLASS	
<b>GRAND TOTAL</b>					
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: \$ _____	
				Free Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</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. <div style="text-align: right;">_____ Shipper</div>	
<b>SHIPPER SIGNATURE / DATE</b> <small>This is to certify that the above described contents are properly classified, described, packaged, marked and loaded, stowed in proper condition for transportation according to the applicable regulations of the U.S. DOT.</small>		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> <small>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.  <small>Property described above is received in good order, except as noted.</small></small>	



## **Standard Supplement to the Bill of Lading**

- \* Traditional Portrait layout
- \* Actual size of this form is 8.5" X 11"

Our walk through will take sections of this BOL and detail the areas that are required to be completed for each shipment.





## Section 1

Date: _____		<b>BILL OF LADING</b>		Page _____	
<b>SHIP FROM</b>					
Name: _____			Bill of Lading Number: _____		
Address: _____			BAR CODE SPACE		
City/State/Zip: _____					
SID#: _____			FOB: <input type="checkbox"/>		
<b>SHIP TO</b>					
Name: _____			Location #: _____		
Address: _____			CARRIER NAME: _____		
City/State/Zip: _____			Trailer number: _____		
CID#: _____			Seal number(s): _____		
FOB: <input type="checkbox"/>			SCAC: _____		
			Pro number: _____		
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>					
Name: _____			BAR CODE SPACE		
Address: _____					
City/State/Zip: _____					
SPECIAL INSTRUCTIONS: _____			<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid _____ Collect _____ 3 <sup>rd</sup> Party _____		
			<input type="checkbox"/> Master Bill of Lading: with attached (check box) underlying Bills of Lading		

# MESCA

## FREIGHT SERVICES

Date: 02/01/1999		<b>BILL OF LADING</b>		Page 1	
<b>SHIP FROM</b>			Bill of Lading Number: <b>06141411234567890</b>  (402) 06141411234567890  <b>CARRIER NAME:</b> <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____  <b>SCAC: ABCD</b> <b>Pro number: 12345678901234567890</b>  (9012K) ABCD12345678901234567890  <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid _____ Collect <u><b>X</b></u> 3 <sup>rd</sup> Party _____  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>		
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ <b>FOB:</b> <input type="checkbox"/>					
<b>SHIP TO</b>					
Name: <u>XYZ Company</u> Location #: <u><b>0669</b></u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ <b>FOB:</b> <input type="checkbox"/>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			Name: _____ Address: _____ City/State/Zip: _____  <b>SPECIAL INSTRUCTIONS:</b> _____ _____ _____		
Name: _____ Address: _____ City/State/Zip: _____					
<b>SPECIAL INSTRUCTIONS:</b> _____ _____ _____					

Date: MM/DD/YY Format which freight was shipped or picked up by carrier.

### **“Ship From” Fields: (Mandatory)**

Name: The company shipping the product.



Address: The shipping street address. (An additional address line is optional)

City, State, Zip: The shipping city, state and zip code.

SID #: Optional: Shipment ID number, may be used to document if a number is applied by the shipper to this shipment.

FOB Optional: Data box to indicate (via “x” in box) that the FOB is based on the Ship From address.



Date: 02/01/1999		<b>BILL OF LADING</b>		Page 1
<b>SHIP FROM</b>				
Name: ABC Company			Bill of Lading Number: <b>06141411234567890</b>	
Address: 1000 ABC Drive				
City/State/Zip: Any City, AB, 10000			(402) 06141411234567890	
SID#: _____ FOB: <input type="checkbox"/>				
<b>SHIP TO</b>			<b>CARRIER NAME: LTL Transportation</b>	
Name: XYZ Company Location #: <b>0669</b>			Trailer number: _____	
Address: 9000 XYZ Drive			Seal number(s): _____	
City/State/Zip: Some City, ZY 90000			<b>SCAC: ABCD</b>	
CID#: _____ FOB: <input type="checkbox"/>			Pro number: <b>12345678901234567890</b>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				
Name: _____			(9012K) ABCD12345678901234567890	
Address: _____			<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
City/State/Zip: _____			Prepaid _____ Collect <b>X</b> 3 <sup>rd</sup> Party _____	
SPECIAL INSTRUCTIONS: _____			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
			(check box)	

### “Ship To” Fields: (Mandatory)

Name: The company receiving the product.

Address: The address where the product is physically delivered. (Additional address line is optional)

City, State, Zip: The city, state and zip where the product is to be physically delivered.



CID #: Optional: Consignee ID number, may be used to document if a number is applied by the consignee to this shipment

Location #: The number assigned to consignee’s ship to address, if applicable.

FOB Optional: Data box to indicate (via “x” in box) that the FOB is based on the Ship To address.

# MESCA

## FREIGHT SERVICES

Date: 02/01/1999		<b>BILL OF LADING</b>		Page 1	
<b>SHIP FROM</b>			Bill of Lading Number: <b>06141411234567890</b>  (402) 06141411234567890  <b>CARRIER NAME:</b> <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____  <b>SCAC: ABCD</b> <b>Pro number: 12345678901234567890</b>  (9012K) ABCD12345678901234567890  <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid _____ Collect <u><b>X</b></u> 3 <sup>rd</sup> Party _____  <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>		
Name: <u>ABC Company</u> Address: <u>1000 ABC Drive</u> City/State/Zip: <u>Any City, AB, 10000</u> SID#: _____ FOB: <input type="checkbox"/>					
<b>SHIP TO</b>					
Name: <u>XYZ Company</u> Location #: <u><b>0669</b></u> Address: <u>9000 XYZ Drive</u> City/State/Zip: <u>Some City, ZY 90000</u> CID#: _____ FOB: <input type="checkbox"/>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>					
Name: _____ Address: _____ City/State/Zip: _____					
SPECIAL INSTRUCTIONS:					

### “Bill To” Fields: (Conditional)

Only used if different from the “Ship From” company on prepaid shipments or the “Ship To” company on collect shipments.

Name: The company paying the freight invoice.

Address: The address where the freight invoice is to be mailed.

City, State, Zip: The city, state, and zip code where the freight invoice is to be mailed.



Date: 02/01/1999		<b>BILL OF LADING</b>		Page 1
<b>SHIP FROM</b>				
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 10000 SID#: _____			Bill of Lading Number: <b>06141411234567890</b>  (402) 06141411234567890	
<b>SHIP TO</b>				
Name: XYZ Company Address: 9000 XYZ Drive City/State/Zip: Some City, ZY 90000 CID#: _____			CARRIER NAME: <u>LTL Transportation</u> Trailer number: _____ Seal number(s): _____	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				
Name: _____ Address: _____ City/State/Zip: _____			SCAC: <b>ABCD</b> Pro number: <b>12345678901234567890</b>  (9012K) ABCD12345678901234567890	
<b>SPECIAL INSTRUCTIONS:</b>			Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect <u><b>X</b></u> 3 <sup>rd</sup> Party _____	
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	



### Special Instructions: (Conditional)

To be used for directions to the carrier such as protected services and delivery instructions. Individual Bill of Lading numbers are listed in this space for shipments requiring the use of a Master Bill of Lading. If not enough space is provided in this area, the “additional shipper info” space may be used.



# MESCA

## FREIGHT SERVICES

Date: 02/01/1999		<b>BILL OF LADING</b>		Page 1	
<b>SHIP FROM</b>			Bill of Lading Number: <b>06141411234567890</b>  (402) 06141411234567890 <b>CARRIER NAME: LTL Transportation</b> Trailer number: Seal number(s): <b>SCAC: ABCD</b> <b>Pro number: 12345678901234567890</b>  (9012K) ABCD12345678901234567890 <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid _____ Collect <b>X</b> 3 <sup>rd</sup> Party _____ <input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading		
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 10000 SID#: _____ FOB: <input type="checkbox"/>					
<b>SHIP TO</b>					
Name: XYZ Company Location #: <b>0669</b> Address: 9000 XYZ Drive City/State/Zip: Some City, ZY 90000 CID#: _____ FOB: <input type="checkbox"/>					
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>					
Name: Address: City/State/Zip:					
SPECIAL INSTRUCTIONS:					

### Carrier Fields:

Name: The full name of the carrier picking up the shipment. **(Mandatory)**

SCAC: The four-letter alpha code identifying the carrier and assigned by the NMFTA. **(Mandatory)** (the NMFTA may be contacted at 703-838-1868)

Trailer Number: Used if a truckload carrier hauls the shipment. **(Conditional)**

Seal Number: Used if the shipment is a full truckload from the origin to destination. **(Conditional)**

Pro Number: Used if an LTL carrier hauls the shipment. **(Conditional)**



Date: 02/01/1999		<b>BILL OF LADING</b>		Page 1
<b>SHIP FROM</b>				
Name: ABC Company Address: 1000 ABC Drive City/State/Zip: Any City, AB, 10000 SID#: _____			Bill of Lading Number: <b>06141411234567890</b>  (402) 06141411234567890	
<b>SHIP TO</b>				
Name: XYZ Company Address: 9000 XYZ Drive City/State/Zip: Some City, ZY 90000 CID#: _____			CARRIER NAME: <b>LTL Transportation</b> Trailer number: Seal number(s):	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>				
Name: Address: City/State/Zip:			SCAC: <b>ABCD</b> Pro number: <b>12345678901234567890</b>  (9012K) ABCD12345678901234567890	
SPECIAL INSTRUCTIONS:			<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b> Prepaid _____ Collect <b>X</b> 3 <sup>rd</sup> Party _____	
			<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box)	

### Terms: (Mandatory)

Indicates which party is invoiced and responsible for payment of the freight invoice.

### Master Bill of Lading Indicator: (Conditional)

If checked, indicates this is a Master Bill of Lading and has underlying Bills of Lading attached.

The underlying Bill of Lading numbers shall be referenced in the special instructions.



## Section 2

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation 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.



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	70
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	92.5
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100
18		159		1197 lbs		GRAND TOTAL		

## Carrier Information:

### Handling Unit:

**Quantity:** The number of handling units listed by commodity type. **(Mandatory)**

**Type:** The type of handling unit, i.e. pallets, slips, cartons, bundles, drums. **(Mandatory)**

### Package:

**Quantity:** The number of packages or cartons listed by commodity type. The total number of packages should equal the total in the Customer Order Information section. **(Conditional)**

**Type:** The type of package, i.e. cartons, bundles, rolls, drums. **(Conditional)**

**Weight:** The weight of the handling units (includes the weight of pallets, slip sheets, etc.)  
The total weight in this section may not equal the total weight in the Customer Order Information section. **(Mandatory)**



CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			<small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 360</small>	NMFC #	CLASS
1	plts	48	ctns	384 lbs		Sport Accessories	154865 00	70
2	plts	96	ctns	768 lbs		Video, Tape Recording	168955 03	92.5
15	ctns	15	ctns	45 lbs		Recordings, Sound, Disc, Tape	168945 01	100
18		159		1197 lbs		GRAND TOTAL		

### Carrier Information: (Continued)

Hazardous Material: Indicate "X" if the product shipped is classified as Hazardous Material. If marked, the shipment must follow the Hazardous Material requirements of the U.S. Department of Transportation 49 CFR. (See next page for details) **(Conditional)**

Commodity Description: The general product description as listed in the NMFC. **(Mandatory)**

NMFC Number: The NMFC number tied to the commodity classification. **(Conditional)**

Class: The freight class of the commodity as classified by the NMFC. **(Conditional)**

# MSCA

## FREIGHT SERVICES

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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.	
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: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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.	

**Declared Value: (Optional)** Permits the shipper to document the value of the goods being shipped. The shipper typically pays a surcharge to the carrier to guarantee additional insurance coverage up to the full-declared value of the goods hauled. Only used for shipments riding under a contract that would not otherwise provide full insurance protection or do not refer to the NMFC for a release value. Most commonly used for small package or air carriers.

**COD Section: (Optional)** Used when cash on delivery is required.

**Non-Recourse Shipper's Signature (previously referred to as Section 7): (Optional)**

Signed by the shipper when they need to protect themselves from default on the part of the consignee.



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 _____ DOL."		COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).</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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.		The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Shipper Signature	
<b>SHIPPER SIGNATURE / DATE</b> 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.	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.

**Shipper Signature/Date: (Mandatory)** Indicates that the shipper agrees that the information listed on the Bill of Lading is correct, that the documentation of the shipment follows the requirements of the U.S. DOT and confirms the date of the Bill of Lading signature.

**Trailer Load/Freight Counted: (Mandatory)** Indicates which party loaded the trailer and which party counted the freight. Also indicates whether the driver for claims purposes counted pieces or pallets.

**Carrier Signature/Pickup Date: (Mandatory)** Indicates that the carrier agrees to have received the entire product as listed on the Bill of Lading, that the shipment follows the requirements of the U.S. DOT, and documents the pickup date.





Please contact your local MESCA representative to find out how your company can be set up to create Bill of Ladings automatically by using our [MESCA Vision TMS System](#).

If you are not part of the MESCA family and would like more information about how to become a member, please contact our main office at 1-877-440-7447.

For a copy of the VICS Bill of Lading please click below for the format you would like;

***VICS Bill Of Lading;*** [PDF format](#), [Microsoft Word format](#)

***VICS Supplement to the Bill of Lading;*** [PDF format](#), [Microsoft Word format](#)