

STRAIGHT BILL OF LADING - SHORT FORM - ORIGINAL - NOT NEGOTIABLE

This form contains only the information necessary for the motor carrier to deliver, rate, and invoice the shipment described below.

Shipper: Ship Date

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Reference Number: _____

Carrier:	_____
Pro#:	_____
Load#:	_____

Consignee: Due Date

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Reference Number: _____

All Freight charges PPD/3rd party bill to:

Type/ Reference #	SKU/ UPC	Description	QTY/ UOM	Pallets	Weight	Category/ Temp	NMFC/ Class

Shipper Special Instructions:

Consignee Special Instructions:

Comments:

The Shipper certifies that the above named materials are properly classified, described, marked, labeled and packaged, and are in proper condition for transportation, according to the applicable regulations of the Department Of Transportation.

Shipper Signature X _____ Date: _____ Trailer# _____

Consignee Signature X _____ Date: _____ Seal# _____

Driver Signature X _____ Date: _____ Seal# _____

Permanent post-office address of shipper.