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| [DATE] | Bill of Lading – Short Form – Not Negotiable | Page 1 of  |
| Ship From | Bill of Lading Number:  |
| Name:AddressCity,/Province Postal Code:SID No.: | **Bar Code Space** |
| Ship To | Carrier Name:  |
| Name:Address:City,Province Postal Code:CID No.: | Trailer number:Serial number(s): |
| **Third Party Freight Charges Bill to:** | **SPAC:** |
| Name:Address:City,/Province Postal Code: | **Pro Number:****Bar Code Space** |
| **Special Instructions:** | **Freight Charge Terms:** Prepaid: Collect: 3rd Party: |
| Master bill of lading with attached underlying bills of lading**.** |
| **Customer Order Information** |
| **Customer Order No.** | **No. Packages** | **Weight** | **Pallet/Slip**(circle one) | **Additional Shipper Information** |
|  |  |  | **Y** | **N** |  |
|  |  |  | **Y** | **N** |  |
|  |  |  | **Y** | **N** |  |
| **Grand Total** |  |  |  |  |  |
| **Carrier Information** |
| **Handling Unit** | **Package** | **LTL Only** |
| **Qty** | **Type** | **Qty** | **Type** | **Weight** | **HM(X)** | **Goods Description** Goods requiring special or additional care or attention in handling or packing must be so marked and packaged as to ensure safe shipping with ordinary care. | **NMFC No.** | **Class** |
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| 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: R\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Free terms: Collect \_, Prepaid \_, Customer check acceptable \_** |
| **Note: Liability limitation for loss or damage in this shipment may be applicable.** |
| 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 national regulations. | **The carrier shall not make delivery of this shipment without full payment.****Shipper Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Shipper Signature/Date**This is to certify that the above-named materials are properly classified, packaged, marked and labelled, and are in proper condition for shipping according to the applicable regulations of the DOT.Signature Date | **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.**Signature Date |