

Date:

# BILL OF LADING

### SHIP FROM

Name:  
Address:

FOB:

Contact:

Bill of Lading Number :

### SHIP TO

Name:  
Address:

FOB:

Contact:

**CARRIER NAME:** Trailer Number:  
Seal Number (s):

**SCAC:**  
**Pro Number:**

### THIRD PARTY FREIGHT CHARGES BILL TO:

Name:  
Address:  
  
Contact:

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

Prepaid \_\_\_\_\_ Collect \_\_\_\_\_ 3rd Party \_\_\_\_\_

(check box)

Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS :

### CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
<b>GRAND TOTAL</b>				

### CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M.	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 See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
						<b>Grand Tot. / Gross Weight</b>		