


TRANSPORTATION, INC.

100 Marlon St., St. Louis, MO 63104 314-231-6060 Fax: 314-231-5565
 816 W Land Drive, Jefferson City, MO 65109 573-635-0462 Fax: 573-659-0654
 1203 N. Farm Rd., #123, Springfield, MO 65802 417-869-6181 Fax: 417-869-5950
 600 Daughtery St., Scott City, MO 63780 573-339-5998 Fax: 573-264-0085
 3536 Nicholson Ave., Kansas City, MO 64120 816-241-4400 Fax: 816-241-4402

AFFIX PRO LABEL HERE

Date			
Customer PO		Route	
Shipper No.		Blind Shipper No.	
Origin		Destination	
From : Shipper		To: Consignee	
Street		Street	
City-State-Zip		City-State-Zip	
Phone ()		Phone ()	
COD Amount:	COD Fee:	PPD COL	Is customer's check acceptable for payment?
\$ _____		<input type="checkbox"/> <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. Shipping Units	(X) Hazmat	Kind of packaging, descriptions of articles, special marks and exceptions list hazardous materials first	Weight Lbs. (subject to corrections)
		Send Frt bill to: (Business) Name, Mailing Address	
		EMERGENCY RESPONSE PHONE NUMBER:	
		Special instructions:	
Total		Credit terms net 15 days	Total
RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING. THE PROPERTY DESCRIBED ABOVE IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF PACKAGE UNKNOWN), MARKED, CONSIGNED, AND DESTINED AS INDICATED ABOVE WHICH SAID CARRIER (BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON, CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION. IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF, SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ALL OR ANY SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE BILL OF LADING TERMS AND CONDITIONS IN THE GOVERNING CLASSIFICATION ON THE DATE OF THE SHIPMENT. SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE BILL OF LADING TERMS AND CONDITIONS IN THE GOVERNING CLASSIFICATION AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER.			Freight Charges (please check proper box) PPD <input type="checkbox"/> COL <input type="checkbox"/> If no box is checked freight charges will be prepaid
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 DEPARTMENT OF TRANSPORTATION		Shipper Per	NOTE: WHERE THE RATE IS DEPENDENT ON VALUE, SHIPPERS ARE REQUIRED TO STATE SPECIFICALLY IN WRITING THE AGREED OR DECLARED VALUE OF THE PROPERTY, THE AGREED OR DECLARED VALUE IS HEREBY SPECIFICALLY STATED BY THE SHIPPER TO BE NOT EXCEEDING. PER
SUBJECT TO SECTION 7 OF THE CONDITIONS, IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNOR WITHOUT RECOURSE THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT THE CARRIER SHALL NOT MAKE DELIVERY OF THE SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL OTHER LAWFUL CHARGES (SIGNATURE OF CONSIGNOR) _____		Unit Number	Units (skids, ctns, bundle, etc.)
			CRH TRANSPORTATION, INC. Date _____

THANK YOU FOR SHIPPING CRH TRANSPORTATION