

# STRAIGHT BILL OF LADING

CONSIGNEE (TO)				SHIPPER (FROM)								
STREET ADDRESS				STREET ADDRESS								
STREET ADDRESS				STREET ADDRESS								
CITY			STATE	ZIP CODE		CITY			STATE	ZIP CODE		
CONSIGNEE PHONE NUMBER			CONSIGNEE NAME (ATTENTION)			CHECK ONE (OTHERWISE CHARGES ARE PREPAID): <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> THIRD PARTY						
BILL OF LADING NUMBER			PO NUMBER			DATE			MUST DELIVER ON DATE			
DECLARED VALUE			SERVICE LEVEL			<b>COD AMOUNT \$</b> <input type="checkbox"/> CONSIGNEE CHECK ACCEPTABLE <input type="checkbox"/> CERTIFIED CHECK OR CASH <b>COD FEE</b> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT REMIT COD CASH/CHECK TO:						
BILL TO (DEBTOR)												
STREET ADDRESS												
CITY				STATE	ZIP CODE							

NO. PIECES	NO. PALLETS	HM*	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT	CLASS
<b>TOTAL PIECES</b>	<b>TOTAL PALLETS</b>			<b>TOTAL WEIGHT</b>	

\*Mark with an "X" to designate HAZARDOUS MATERIALS.

	ADDITIONAL SERVICES REQUESTED	
	DIMENSIONS (IN INCHES) L _____ W _____ H _____ TOTAL CUBE (IN FEET) _____	CARRIER

SHIPPER NAME \_\_\_\_\_ CARRIER \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

SIGNED BY \_\_\_\_\_ DRIVER \_\_\_\_\_ PIECE COUNT \_\_\_\_\_