

# SHIPPER'S DOMESTIC TRUCK BILL OF LADING

B/L No.	
Carrier's No.	
Date	

## Non-Negotiable

**RECEIVED**, subject to the "COMMON CARRIER RATE AGREEMENT" or the CONTRACT between the Shipper and Carrier in effect on the date of shipment, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown below. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any federal or state regulatory agency, except as specifically agreed to in writing by the shipper and the carrier.

From: _____ Address: _____	Consignee: _____ Contact: _____
Bill To: _____ Address: _____	Carrier: _____ Vehicle No. _____ MC#: _____ U.S. D.O.T. HazMat Registration No. _____

**Special**  Notify broker and/or shipper immediately in event of delay, accident, damage, temperature change, etc. Call \_\_\_-\_\_\_-\_\_\_ or Fax \_\_\_-\_\_\_-\_\_\_.

**Instructions:**

<input type="checkbox"/> Shipper load & count.	<input type="checkbox"/> Protect from freezing.	<input type="checkbox"/> Temperature/Impact recording device # _____
<input type="checkbox"/> Shipper load, driver count.	<input type="checkbox"/> Maintain temperature of ___°F to ___°F & notify shipper of any significant variations.	

Advance appointment for delivery required. Call \_\_\_-\_\_\_-\_\_\_ 24 hrs. in advance.  Load securing devices received by carrier.

Pallets received by carrier.  Do not break down pallets.  Shrink-wrapped  Stretch wrapped  Number of units on pallets \_\_\_\_\_

Do not top-load.  Return copy of B/L to Shipper with freight bill for payment  Allowance \_\_\_\_\_

Special damages will be incurred if delivery is not made on / / due to (Reason) \_\_\_\_\_

Proof of delivery must accompany freight bill for payment.  Haz Mat emergency response number \_\_\_\_\_

No. Pkgs.	① HM	Description of Articles, Packages, Markings, Exceptions	Weight	Rate *	Freight Charges * 3 <sup>rd</sup> Party billto <input type="checkbox"/> Collect
					Subject to Section 7 of the Terms and Conditions of Carriage, if the shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ (Signature of consignor)
					C.O.D. amount \$ _____ Remit C.O.D. amount to: _____  Carriers C.O.D. fee to be paid by <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee

\* Rate is individually determined and **NOT** subject to filed tariffs unless stated in Common Carrier Rate Agreement.

<p><b>Shipper's Certification: [If any required]</b></p> <p>_____, <b>Shipper</b></p> <p>per _____</p> <p>Time &amp; Date tendered _____ AM / PM</p> <hr/> <p>Carrier's liability is for actual loss unless otherwise agreed in Common Carrier Rate Agreement, or stated below. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per pound.</p> <p>_____, <b>Shipper</b></p> <p>per _____</p>	<p style="text-align: center;"><b>OPTIONAL -- ON BROKER MOVEMENTS:</b></p> <p>Carrier hereby designates (Broker) _____ as its agent for the collection of freight charges. When paid to broker, Carrier agrees not to hold shipper or consignee liable for said charges Accepted in good order and condition, unless otherwise stated herein,</p> <p style="text-align: center;">pieces <span style="border: 1px solid black; border-radius: 50%; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span></p> <p>Exceptions: _____, <b>Carrier</b></p> <p>per _____ (Driver's Signature)</p> <p style="text-align: right;">Time &amp; Date tendered: _____ AM PM</p>
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