

STRAIGHT BILL OF LADING – ORIGINAL – NOT NEGOTIABLE

Shipper's No. _____

Carrier _____ SCAC _____ Carrier's No. _____

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 all applicable state and federal regulations;

at _____ date _____ from _____
 the Property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to delivery at said destination, if on its route, or 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 of said Property that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consigned to

Destination _____ State _____ County _____ Zip _____ Delivery Address _____

Route _____

Delivering Carrier _____ Vehicle Number _____

Number of Packages	Description of Articles	Weight (sub. to correction)	Class or Rate	
				Subject to Section 7 of conditions, if this 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) _____ FREIGHT CHARGES: Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> COD AMT: \$ _____ TOTAL CHARGES: \$ _____
Collect On Delivery and remit to \$ _____		COD FEE: \$ _____		Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>

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 of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).

Shipper: _____ Carrier: _____

Per: _____ Date: _____ Per: _____ Date: _____