

**Standard Bill of Lading Form**

Date:	1/1/2012	<b>BILL OF LADING</b>	Page 1
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SHIP FROM		<b>Bill of Lading #</b>	1234567
Name:	ABC Company		
Address:	123 ABC Drive		
City/State/Zip:	Any City, AB 11111		
SID#:		FOB: <input type="checkbox"/>	

SHIP TO		<b>CARRIER NAME:</b>	ABC Transportation
Name:	Neiman Marcus NSC c/o Performance Team	<b>Trailer number:</b>	1234
Address:	145 Talmadge Road	<b>Seal number(s):</b>	12345
City/State/Zip:	Edison, NJ 08817	<b>SCAC:</b>	ABCT
CID#:		<b>Pro number:</b>	789456123
		FOB: <input checked="" type="checkbox"/>	

THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
<b>SPECIAL INSTRUCTIONS:</b>		Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>	
Oversize Cartons: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/> <b>Master Bill of Lading: with attached</b> (check box) <b>underlying Shipping Manifest</b>	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER or PO NUMBER	# OF CARTONS	Wt. in lbs.	PALLET	SHIP-TO LOCATION
654321	144	152	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	NSC (Longview, TX)
321321	15	45	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	NSC (Longview, TX)
65444	1	1	Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	NSC (Longview, TX)
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
			Y <input type="checkbox"/> N <input type="checkbox"/>	
384			Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>GRAND TOTAL</b>	<b>160</b>	<b>198</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		Weight in lbs.	Haz-mat	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	plts	48	ctns	384		Clothing	123456 00	12
2	plts	96	ctns	768		Clothing	123456 00	12
15	ctns	15	ctns	45		Clothing	123456 00	12
1	ctns	1	ctns	1		Clothing	123456 00	12
<b>19</b>		<b>160</b>		<b>1198</b>		<b>GRAND TOTAL</b>		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:  "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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**NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. : 14706(c)(1)(A) and (B)**

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 to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.  _____ Shipper Signature
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<b>SHIPPER SIGNATURE / DATE</b> 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 DOT.	<b>Trailer Loaded</b> <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.  _____ Signature  Property described above is received in good order, except as noted.
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**SUPPLEMENT TO THE BILL OF LADING**

Bill of Lading # \_\_\_\_\_

1234567

**CUSTOMER ORDER INFORMATION**

CUSTOMER ORDER or PO NUMBER	# OF CARTONS	Wt. in lbs.	PALLET	SHIP-TO LOCATION
			Y <input type="checkbox"/> N <input type="checkbox"/>	
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			Y <input type="checkbox"/> N <input type="checkbox"/>	
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			Y <input type="checkbox"/> N <input type="checkbox"/>	
<b>PAGE SUBTOTAL</b>	<b>0</b>	<b>0</b>		

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QTY	TYPE	QTY	TYPE				NMFC #	CLASS
<b>0</b>		<b>0</b>		<b>0</b>		<b>PAGE SUBTOTAL</b>		