Date:					BII	LL OF LAI	DING			Page	1		
SHIP FROM							Bill of L	ading #					
Name:							J						
Address:													
City/State	/Zip:												
SID#:						FOB: □							
			SHIP TO				CARRIER						
Maine.								Trailer number:					
Address:							Seal numb	er(s):					
City/State/Zip.								SCAC:					
CID#:	TU	IDD BARTY F	BEICHT CH	ARCES BILL TO:		FOB: □	Pro numbe	er:					
Name		KU PAKIT F	KEIGHT CH	ARGES BILL TO:				mber: per(s): ge Terms: (freight charges are prepaid unless marked Collect					
Name:													
Address:							Freight Charge Terms: (freight charges are prepaid unless marked						
City/State	City/State/Zip:							otherwise)					
SPECIAL	INSTRUCT	IONS:					Prepaid		Collect		3rd Party □		
Oversize (Cartons:								Master Bill	l of Lading	: with attache	d	
Oversize Cartons: Yes □ No □								(check box)	underlying	յ Shipping	Manifest		
	CUSTO	MED ODD	ER or BO		USTO			DALLET		SUID TO L	OCATION.		
	00310	WER ORD	EKOIPON	TOWBER		# OF CARTONS	wt. in ibs.		 	SHIP-10 LC	JOATION		
									 				
									 				
									 			hed SS Shawful	
								Y 🗆 N 🗆					
								Y 🗆 N 🗆					
								Y 🗆 N 🗀					
								Y 🗆 N 🗆					
GRAND T	OTAL												
HANDLI	ING UNIT	PACI	KAGE		C.A			PTION		LTLO	NL Y		
				Weight in lbs.	Haz-	Commodities requiring spe	cial or additional c	are or attention in					
QTY	TYPE	QTY	QTY TYPE Weight in lbs.		mat				NMF	:C#	CLASS		
					<u> </u>				ļ				
					Щ							_	
Where the rate is	dependent on va	lue, shippers are r	required to state s	pecifically in writing the ag	reed or d		ND TOTAL						
as follows:		ас, старрого аго		,		,	COD Amoun	t:					
"The agreed or d		ne property is spe	cifically stated by	the shipper to be not excee	eding						Prepaid:		
	NOTE Lia	ability Limi	tation for I	oss or damage i	in this	shipment may be	ı e applicable				and (B)		
REFEREN outloot to individually determined rates as contracts that have been carried upon in writing between the carrier and								ul .					
					I by the ca	irrier and are available to the	charges.						
l													
/ Signature									lo a pouso d		/ BIGIGUE B 4 T		
This is to certify that the above named materials are properly classified, described, packaged, By Shipper By Shipper Carrier acknowledges receipt of packages and required plac									cards.				
marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response								е					
								by Driver/pallets salu			ation in the vehicle		
			Collect										

Date:			SUPF	PLEMEN	ГТ	O THE BIL				Page 2	
							Bill	of Lading #			
				C	CUSTO	MER ORDER INFORM					
	CUSTO	MER ORD	ER or PO I	NUMBER		# OF CARTONS	Wt. in Ibs.		SHIP-TO L	OCATION	
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗀			
								Y 🗆 N 🗀			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
								Y 🗆 N 🗆			
AGE SU	BTOTAL				C/	ARRIER INFORMATIO	N				
HANDLING UNIT		PACKAGE			Veight in Ibs. Haz- mat	COMMODITY DESCRIPTION			LTL ONLY		
QTY	TYPE QTY TYPE Weight			Weight in Ibs.					NMFC #	CLASS	
					<u> </u>						
					_						
					_						
					_						
					_						
					_						
					_						
					<u> </u>						
					$ldsymbol{ldsymbol{ldsymbol{eta}}}$						
					$oxed{oxed}$						
					$oxed{oxed}$						
					1	I				1	

PAGE SUBTOTAL