

ATTENTION SHIPPERS!

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT.

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE

Shipper No. \_\_\_\_\_

Carrier No. \_\_\_\_\_

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(Name of carrier)

(SCAC)

Date \_\_\_\_\_

On Collect or Delivery shipments, the letters "COD" must appear before consignee's name or otherwise provided in Item 430, Sec. 1.

TO: Consignee XYZ Company
Street 12345 Ave.
City Safety City, State IL Zip Code 60600

FROM: Shipper
Street
City State Zip Code
24 hr. Emergency Contact Tel. No. \_\_\_\_\_

Table with columns: No. of Units & Container Type, BASIC DESCRIPTION, TOTAL QUANTITY, WEIGHT (Subject to Correction), RATE, CHARGES (For Carrier Use Only). Includes a red box labeled 'HM' and a large 'SAMPLE' watermark.

PLACARD TENDERED: YES [ ] NO [ ]
REMIT C.O.D. TO: ADDRESS
COD Amt: \$
C.O.D. FEE: PREPAID [ ] COLLECT [ ] \$
TOTAL CHARGES \$
FREIGHT PREPAID [ ] Check box if charges except when box of right is checked [ ] are to be collect

RECEIVED, subject to the classifications and tariffs in effect as to date of the issue of this Bill of Lading...
Insure and as to each party at any time interested in all or any said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

SHIPPER PER \_\_\_\_\_
CARRIER PER \_\_\_\_\_ DATE \_\_\_\_\_