



721 Gadsden Highway ▪ Birmingham, AL 35235
 Phone: 205-833-5855 ▪ Fax: 205-833-5890
 www.TrafficSolutionsOnline.com

BILL OF LADING

Date: _____

SHIP FROM	P.O. NUMBERS
	BILL OF LADING NUMBER
SHIP TO	SHIPPER NUMBER
THIRD PARTY FREIGHT CHARGES BILL TO:	CARRIER
	PICK UP DATE
	ORIGIN TERMINAL
	DESTINATION TERMINAL

SPECIAL INSTRUCTIONS

QTY	TYPE	WEIGHT	HM (X)	NMFC	ITEM DESCRIPTION	LTL CLASS

Freight Terms: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party	COD Amount: \$ _____
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 _____."	Subject to Section 7 of Conditions, if this shipment is to be delivered to the cosignee without recourse on the cosignor, the cosignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of of freight and all other lawful charges. Signature of cosignor: _____

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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SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. All cargo tendered for transport is subject to inspection. By tendering cargo to carrier, shipper grants consent to such an inspection. Shipper: _____ Date: _____	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE 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. Carrier: _____ Date: _____
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