

# STANDARD TRUCKLOAD BILL OF LADING

## SHIP FROM

Name: DEECLE  
 Address: 47C Queen Graves Rd.  
 City/State/Zip: Vienna, OH 44473  
 SID#: \_\_\_\_\_

FOB:

Bill Of Lading Number: 102

Carrier Name: \_\_\_\_\_

Trailer Number: \_\_\_\_\_

Seal Number(s): \_\_\_\_\_

## SHIP TO

Name: DEEBAL Location #:  
 Address: 6999 Knyghton Rd.  
 City/State/Zip: Indianapolis, IN 46220  
 CID #: \_\_\_\_\_

FOB:

SCAC: \_\_\_\_\_

Pro Number: \_\_\_\_\_

## THIRD PARTY FREIGHT CHARGES BILL TO:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Freight Charge Terms (*Freight charges are prepaid unless marked otherwise*)

Prepaid: \_\_\_\_\_ Collect: \_\_\_\_\_ 3rd Party: \_\_\_\_\_

## SPECIAL INSTRUCTIONS:

Deliver to Door# 5

Master Bill of Lading with attached underlying  
 (check) Bill of Lading

## CUSTOMER ORDER INFORMATION

Customer Order Number	# Pkgs	Weight	Pallet/Slip <small>(Circle One)</small>		Additional Shipper Information
BL:5308			Y	N	
			Y	N	
			Y	N	
<b>GRAND TOTAL</b>					

## CARRIER INFORMATION

HANDLING UNIT		PACKAGE		Weight	H.M. (X)	COMMODITY DESCRIPTION
Qty	Type	Qty	Type			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.
28	PLT			38,000 LBS		MICRO - MICROSCOPES
<b>28</b>				<b>38,000 LBS</b>		<b>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:  Prepaid:

Customer Check Acceptable:

## DELIVERY INFORMATION

Consignee Name: \_\_\_\_\_

Consignee Signature/Date: \_\_\_\_\_

Notes: \_\_\_\_\_

**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 the terms and conditions set forth on the reverse side hereon as well as 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

**SHIPPER SIGNATURE/DATE**

Trailer Loaded:

Freight Counted:

By Shipper

By Shipper

By Driver

By Driver/pallets said to contain

**CARRIER SIGNATURE/PICKUP DATE**

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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.

By Driver/Pieces

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.

Property described above is received in apparent good order, except as noted.

SAMPLE REPORT