



BILL OF LADING

Load #:

Date:

Customer Information

Company: _____ **Primary Contact:** _____
Street Address: _____ **Phone:** _____
City/State/Zip: _____ **Fax:** _____
Country: _____
Phone: _____

Notes and References

Reference(s):

Stops/Actions

#	Action	Date/Time	Location	Contact
1	Pickup			Primary Contact: Phone: Email:
2	Delivery			Primary Contact: Phone: Email:

Carrier Information

Handling Unit		Package				Commodity Description	LTL Only	
QTY	TYPE	QTY	TYPE	Weight	H.M. (X)		NMFC No.	Class
						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.		
Totals								

Shipper / Consignor: _____
 Print Name _____ Signature _____ Date _____

Driver / Carrier: _____
 Print Name _____ Signature _____ Date _____

Receiver / Consignee: _____
 Print Name _____ Signature _____ Date _____