



800-264-0180

PRO LABEL

B/L # **DATE** **PO#**

SHIPPER	CONSIGNEE

PHONE NO.	PHONE NO.
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Bill Third Party Freight Charges To:	COD AMOUNT: \$		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> COD FEE: <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT </td> <td style="width: 50%; padding: 2px;"> IS CUSTOMER'S CHECK ACCEPTABLE FOR COD YES <input type="checkbox"/> NO <input type="checkbox"/> </td> </tr> </table>	COD FEE: <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	IS CUSTOMER'S CHECK ACCEPTABLE FOR COD YES <input type="checkbox"/> NO <input type="checkbox"/>
COD FEE: <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	IS CUSTOMER'S CHECK ACCEPTABLE FOR COD YES <input type="checkbox"/> NO <input type="checkbox"/>		
	REMIT COD TO:		
ATTN:			

ROUTE					
PIECES	HM*	Kind of Packaging, Description of Articles, Special Marks and Expectations	NMFC No.	CLASS	WEIGHT (subject to correction)

HAZARDOUS MATERIAL EMERGENCY CONTACT NUMBER:

SHIPPER CERTIFIES THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE NATIONAL MOTOR FREIGHT CLASSIFICATION AS SHOWN IN THE NMFC 100 SERIES.

<p>SECTION 7 Subject to section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p>Signature _____</p>	<p>DECLARED VALUE NOTE - Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ per _____</p>																
FREIGHT CHARGES _____ QUOTE# _____ <p style="text-align: center;">FREIGHT PREPAID EXCEPT WHEN BOX BELOW IS CHECKED <input type="checkbox"/> TO BE COLLECT</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">TALLY RECORD</th> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	TALLY RECORD															
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PRINTED SHIPPERS NAME: _____	<p>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 all the terms and conditions of the NMFC Uniform Straight Bill of Lading.</p>																
DATE: _____ TRAILER NO. _____	Handling Units _____ STC _____ cartons. Cartons _____ SHIPPER LOAD & COUNT <input type="checkbox"/>																
SHIPPER SIGNATURE: _____	CARRIER SIGNATURE: _____ TIME: _____																

* Mark "X" in "HM" column for hazardous