

Date:

BILL OF LADING DELIVERY ORDER

Ship From		Bill Of Lading / Booking Number:							
Name: Address: City/State/Zip: Contact: Phone: Fax: Hours: - Call For Appt:									
Ship To		Carrier Name: Trailer Number: Seal Number(s): Quote Number: Reference No:							
Third Party Freight Charges Bill To:		SCAC: Pro number: Freight Charge Terms: <small>(Freight charges are prepaid unless marked otherwise)</small> Prepaid: _____ Collect: _____ 3rd Party: _____							
Name: Address: City/State/Zip: Contact: Phone: Fax: Hours: - Call For Appt:		<input type="checkbox"/> Master Bill Of Lading with attached underlying Bills Of Lading (check box)							
Name: Address: City/State/Zip: Phone:		IT No: Master BOL: PU No: Container No:							
Please advise 3PL of any added charges or request for changes. Request LOA prior to delivery by email: carrierratechanges@shipwithcts.com or phone: 678-388-2785.									
Special Instructions:									
Customer Order Information									
Customer Order Number		# Pkgs	Weight	Pallet/Slip	Additional Shipper Info				
Grand Total		0	0 lbs						
Carrier Information									
Handling Unit		Package		HM	Weight (lbs)	Stack	Commodity Description	LTL Only	
Qty	Type	Qty	Type					NMFC	Class
Grand Total									
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: \$0.00 Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
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 shipper hereby certifies that he/she is familiar with all terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.					The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges _____ Shipper Signature				
Shipper Signature / Date <small>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 Department of Transportation.</small>			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 <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>		