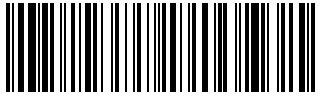



Sample Paper BOL

Your paper BOL is required to include your BOL Number and Carrier Reference Number (PRO Number). It is also required that the paper bill of lading reference **ALL Purchase Orders** that are included in a shipment so we may tie back to invoice if there are any issues.

Your EDI Advance Shipment Notification (ASN) must always reference the Bill of Lading Number and Pro Number as referenced below on the paper bill of lading and your ASN must provide details for **ALL Purchase Orders** included on your shipment and on the paper bill of lading.

Characteristics: Carrier Information lists total cartons per NMFC#
 VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline Information

Date: 02/01/1999		BILL OF LADING				Page 1					
SHIP FROM											
Name: ABC Company				Bill of Lading Number: <u>06141411234567890</u>							
Address: 1000 ABC Drive											
City/State/Zip: Any City, AB, 10000				(402) 06141411234567890							
SID#: _____		FOB: <input type="checkbox"/>									
SHIP TO											
Name: XYZ Company		Location #: <u>0669</u>		CARRIER NAME: <u>LTL Transportation</u>							
Address: 9000 XYZ Drive				Trailer number: _____							
City/State/Zip: Some City, ZY 90000				Seal number(s): _____							
CID#: _____		FOB: <input type="checkbox"/>		SCAC: <u>ABCD</u>							
THIRD PARTY FREIGHT CHARGES BILL TO:				Pro number: <u>12345678901234567890</u>							
Name: _____											
Address: _____				(9012K) ABCD12345678901234567890							
City/State/Zip: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>							
SPECIAL INSTRUCTIONS:				Prepaid _____		Collect <u>X</u>					
						3 rd Party _____					
				<input type="checkbox"/>		Master Bill of Lading: with attached underlying Bills of Lading					
				(check box)							
CUSTOMER ORDER INFORMATION											
CUSTOMER ORDER NUMBER		# PKGS		WEIGHT		PALLET/SLIP					
45012345698		144 ctns		1152 lbs		Y N					
6805673		15 ctns		45 lbs		Y N					
						Y N					
						Y N					
						Y N					
GRAND TOTAL		159 ctns		1197 lbs							
CARRIER INFORMATION											
HANDLING UNIT		PACKAGE		WEIGHT		H.M. (X)		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE							NMFC #	CLASS
1	plts	48	ctns	384 lbs		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. <i>See Section 2(e) of NMFC Item 360</i>		154865 00	70		
2	plts	96	ctns	768 lbs				168955 03	92.5		
15	ctns	15	ctns	45 lbs				168945 01	100		
						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: \$ _____		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. The shipper hereby certifies that he/she is familiar with all the 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/her 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 This is to certify 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 DOT.				Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input checked="" 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. <i>Property described above is received in good order, except as noted.</i>			