



(310) 516-7300

AFFIX BILL# HERE

**BILL OF LADING
NON-NEGOTIABLE**

| | | | |
|--------|-------------|-----------|----------|
| ORIGIN | DESTINATION | SHIP DATE | DUE DATE |
|--------|-------------|-----------|----------|

| | | |
|--------------------------|----------------------------|-------------|
| SHIPPER REFERENCE NUMBER | SHIPPER REFERENCE NUMBER 2 | P.O. NUMBER |
|--------------------------|----------------------------|-------------|

| | |
|---------|-----------|
| SHIPPER | CONSIGNEE |
|---------|-----------|

| | |
|----------------|----------------|
| STREET ADDRESS | STREET ADDRESS |
|----------------|----------------|

| | | | | | |
|------|-------|-----|------|-------|-----|
| CITY | STATE | ZIP | CITY | STATE | ZIP |
|------|-------|-----|------|-------|-----|

| | | | |
|---------|--------------|---------|--------------|
| CONTACT | PHONE NUMBER | CONTACT | PHONE NUMBER |
|---------|--------------|---------|--------------|

| | | |
|------------------|-----------------------------|---|
| THIRD PARTY BILL | DECLARED VALUE \$ | LIMIT OF LIABILITY: THE DECLARED VALUE OF THIS SHIPMENT IS AGREED AND UNDERSTOOD TO BE \$.50 PER POUND OR \$100.00 PER SHIPMENT, WHICHEVER IS GREATER, UNLESS A HIGHER VALUE HAS BEEN DECLARED. |
|------------------|-----------------------------|---|

| | | |
|----------------|-------------------------|--|
| STREET ADDRESS | COD AMOUNT \$ | <input type="checkbox"/> CASHIER'S CHECK |
|----------------|-------------------------|--|

| | | | |
|------|-------|-----|--|
| CITY | STATE | ZIP | <input type="checkbox"/> COMPANY CHECK |
|------|-------|-----|--|

| | | | | |
|---------|--------------|---|---|---|
| CONTACT | PHONE NUMBER | <input type="checkbox"/> PREPAID | <input type="checkbox"/> COLLECT | <input type="checkbox"/> THIRD PARTY |
|---------|--------------|---|---|---|

| | | | | | |
|----------------------|--|-----------------------------------|-------------------------------------|------------------------------------|---------------------------------|
| SERVICE LEVEL | <input type="checkbox"/> NEXT FLIGHT OUT | <input type="checkbox"/> NEXT DAY | <input type="checkbox"/> SECOND DAY | <input type="checkbox"/> THREE DAY | <input type="checkbox"/> GROUND |
|----------------------|--|-----------------------------------|-------------------------------------|------------------------------------|---------------------------------|

SPECIAL SERVICES

| PIECES | DESCRIPTION OF CONTENTS | WEIGHT | DIMENSIONS | | |
|---------------|-------------------------|--------|------------|-------|--------|
| | | | LENGTH | WIDTH | HEIGHT |
| | | | X | X | |
| | | | X | X | |
| | | | X | X | |
| | | | X | X | |
| | | | X | X | |
| TOTALS | | | | | |

- APPOINTMENT
- CANCEL DATE: _____
- INSIDE DELIVERY
- LIFTGATE DELIVERY
- RESIDENTIAL DEL'Y
- DO NOT BREAK DOWN
- TRADESHOW
- SHOW _____
- BOOTH# _____

STATED WEIGHTS ARE SUBJECT TO REWEIGH AND DIMENSIONAL CORRECTION

SPECIAL INSTRUCTIONS

SHIPPER'S SIGNATURE **X** _____

FORWARDER'S SIGNATURE **X** _____

DATE/TIME RECEIVED _____

RECEIVED IN GOOD ORDER UNLESS NOTED BELOW

CONSIGNEE SIGNATURE **X** _____

PLEASE PRINT _____

DATE/TIME RECEIVED _____

IT IS MUTUALLY AGREED THAT THE GOODS DESCRIBED HEREIN ARE ACCEPTED IN APPARENT GOOD ORDER AND ARE PACKAGED TO WITHSTAND THE NORMAL HAZARDS OF TRANSPORTATION AND DO NOT CONTAIN ANY HAZARDOUS OR UNLAWFUL MATERIAL. IT IS MUTUALLY AGREED THAT EVERY SERVICE PERFORMED HEREUNDER SHALL BE SUBJECT TO THE TERMS AND CONDITIONS AS OF THE DATE OF SHIPMENT. SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL BILL OF LADING TERMS AND CONDITIONS AND THESE TERMS AND CONDITIONS ARE HEREBY UNDERSTOOD, AGREED TO, AND ACCEPTED BY THE SHIPPER AND HIS ASSIGNS.