

BILL OF LADING - NOT NEGOTIABLE
DISCOIN CORP. PH: 305.718.4446
FAX: 786.567.6008 MC 616631 DOT 1462735
YOUR CARGO SOLUTION!

SHIP FROM	Bill of Lading Number: BAR CODE SPACE
SHIP TO	Carrier Name: Trailer number: Serial number(s):
THIRD PARTY FREIGHT CHARGES BILL TO	SCAC: Pro Number: BAR CODE SPACE
Special Instructions:	Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.

CUSTOMER ORDER INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
Grand Total				

CARRIER INFORMATION

Handling Unit		Package				LTL Only		
Qty	Type	#	DIMENSION	Weight	HAZ (X)	Commodity Description	NMFC No.	Class
						<small>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. See Section 2(e) of NMFC item 360.</small>		

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 Prepaid Customer check acceptable

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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.	Consignee Signature: _____ Date & Time: _____			
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 DOT.</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;"> Trailer Loaded: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver </td> <td style="width:33%;"> Freight Counted: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces </td> <td style="width:33%;"> 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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small> </td> </tr> </table>	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 DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.</small>
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