BILL OF LADING NUMBER									
	SHIPPER / FROM				CONSIGNEE / TO				
NAME				NAME					
ADDRESS				ADDRESS					
CITY			STATE/ZIP	СПУ		STATE/ZIP			
CONTACT			ACCOUNT NO.	CONTACT		ACCOUNT NO.			
CARRIER				SPECIAL INSTRUCTIONS					
NAME CARRIER NUMBER			₹						
PHONE		EMAIL							
PRO / BOL NUM	1BER								
OTHER									
BILL TO	ADDRESS			CITY	STATE/ZIP ACCOUNT NO.				
PIECES	НМ		DESCRIPTION			WEIGHT	NMFC	CLASS	
DECLARED VALUE CARE			ER RECEIVED	CONSIGNEE RECEIVED					
WHERE THE RATE IS DEPENDENT ON VALUE, SHIPPERS ARE REQUIRED TO STATE SPECIFICALLY IN WRITING THE AGREED OR DECLARED VALUE OF THE PROPERTY.				THE GOODS DESCRIBED HAVE BEEN RECEIVED IN APPARENT GOOD ORDER.			D IN		
THE AGREED OR DECLARED VALUE OF THE PROPERTY						PRINT NAME			
IS HEREBY SPECIFICALLY STATED BY THE SHIPPER TO BE NOT EXCEEDING:			CARRIER ACKNOWLEDGI REQUIRED PLACARDS. CA	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		XCONSIGNEE SIGNATURE			
\$ X			AND/OR CARRIER HAS T RESPONSE GUIDEBOOK			DATE		_	
^			DOCOMENTATION IN TH	DOCUMENTATION IN THE VEHICLE. PROPERTY DESCRI		тіме			