**BILL OF LADING SHORT FORM TEMPLATE**

|  |  |
| --- | --- |
| DATE |  |
| PRO. NO. |  |
| B/L NO. |  |
| P.O. NO. |  |

SHIPPER

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NUMBER OF****SHIPPING UNITS** | **PKG TYPE** | **HM** | **DESCRIPTION OF ARTICLES, SPECIAL MARKS & EXCEPTIONS** | **CLASS** | **NMFC ITEM NO.** | **WEIGHT** | **RATE** | **CHARGES** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | **WT TOTAL** |  | **TOTAL CHARGES** |  |

BILL OF LADING SHORT FORM – ORIGINAL NOT NEGOTIATED

Please complete in English. (print)

*Print two copies of this page: One for your driver, one for your files.*

|  |  |
| --- | --- |
| SHIPPER NO. |  |
| TRAILER NO. |  |
| SHIPPER NAME |  |
| ADDRESS |  |
| ADDRESS |  |
| CITY / STATE / ZIP |  |
| ORIGIN CITY |  |

CONSIGNEE

|  |  |
| --- | --- |
| FULL NAME |  |
| ADDRESS |  |
| ADDRESS |  |
| ADDRESS |  |
| CITY / STATE / ZIP |  |
| TELEPHONE |  |
| BUS. REG. NO. |  |

SEND FREIGHT BILL TO

|  |  |
| --- | --- |
| NAME |  |
| ADDRESS |  |
| ADDRESS |  |
| CITY / STATE / ZIP |  |
| TELEPHONE |  |

COD FEE ADDITIONAL INFO SINGLE SHIPMENT SHIPMENT CHARGES PREPAID UNLESS MARKED COLLECT:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| PREPAID |  | ROUTE NO. |  | YES |  |  | COLLECT |  |
| COLLECT |  | DEPT. NO. |  | NO |  |  |

SPECIAL INSTRUCTIONS

|  |  |
| --- | --- |
| CARRIER |  |
| PACKAGE NOS. |  |
| PER |  |
| DATE |  |
| SHIPPER NAME |  |
| SHIPPER SIGNATURE |  |