## **BILL OF LADING SHORT FORM TEMPLATE**

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BILL C	DF L	.ADING	SHORT	FORM -	ORIGINAL	NOT N	EGOTIATEI
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DATE	
PRO. NO.	
B/L NO.	
P.O. NO.	

B/L NO.										
P.O. NO.									Please complete	e in English. (print)
SHIPPER							Print two cop	oies of this page: C	ne for your driver,	one for your files.
SHIPPER NO.		NUMBER OF								
TRAILER NO.		SHIPPING	PKG TYPE	нм	DESCRIPTION OF ARTICLES, SPECIAL MARKS & EXCEPTIONS	CLASS	NMFC ITEM NO.	WEIGHT	RATE	CHARGES
SHIPPER NAME		UNITS								
ADDRESS										
ADDRESS										
CITY / STATE / ZIP										
ORIGIN CITY										
CONSIGNEE										
FULL NAME										
ADDRESS										
ADDRESS										
ADDRESS										
CITY / STATE / ZIP							WT TOTAL		TOTAL CHARGES	
TELEPHONE		COD FEE		ADDITIONAL INFO		SINGLE SHIPMENT		SHIPMENT CHARGES PREPAID UNLESS MARKED COLLEC		ARKED COLLECT:
BUS. REG. NO.		PREPAID		ROUTE NO.		YES			COLLECT	
SEND FREIGHT BILL TO	)	COLLECT		DEPT. NO.		NO				
NAME								SPECIAL INSTRUCTION	ONS	
ADDRESS				CARRIER						
ADDRESS				PACKAGENOS.						
CITY / STATE / ZIP				PER						
TELEPHONE				DATE						
				SHIPPER NAME						
	I hereby declare that the contents of this consignmen described above by the proper shipping name and are labeled/placarded and are in all respects in proper cor applicable international and national governmental reg	classified, packa	aged, marked and	SHIPPER SIGNATURE						

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