BILL OF LADING

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SHIP FROM

Name:
Address:
City/State/Zip:

SID#: FOB: ☐

Bill Of Lading Number:_____

SHIP TO

Name: Location#:_____
Address:
City/State/Zip:

CID#: FOB: ☐

CARRIER NAME: **ABF FREIGHT SYSTEM, INC.**
Trailer Number:
Seal Number(s):

SCAC:
Pro number:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Freight Charge Terms:
Prepaid_____ Collect_____ 3rd Party_____

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	#PKGS	WEIGHT	PALLET/SLIP (CHOOSE ONE)		ADDITIONAL SHIPPER INFO
			◯	◯	
			◯	◯	
			◯	◯	
			◯	◯	
			◯	◯	
			◯	◯	
			◯	◯	
			◯	◯	
GRAND TOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			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.	NMFC #	CLASS
						GRAND TOTAL		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of 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 U.S.C. - 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. The shipper hereby certifies that he/she is familiar with the all terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are thereby agreed by the shipper and accepted for him/herself and his/her assigns.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

_____Shipper Signature

SHIPPER SIGNATURE / DATE

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.

Trailer Loaded:
☐ By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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.