NOTE TO SHIPPER FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT

PAGE_____of_____

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE

ABF Freight
An ArcBest Company

P.O. BOX 10048
FORT SMITH, AR 72917
800-610-5544
or visit: arcb.com/abf

AFTER PRINTING,
PLACE PRO LABEL HERE

SHIPPER RETAINS THIS COPY

Shipper's Bill of Lading No.

Consignee's Reference / PO No.

Bill of Lading Date

SHIP FROM ▼

Shipper Name

Origin Street Address

Origin City | State | Zip Code

Phone Number(s)

Email

SHIP TO ▼

For Collect On Delivery shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430, Sec. 1.
Consignee Name

Destination Street Address

Destination City | State | Zip Code

Email | Phone

☐ Check box, if delivery appointment required. Consignee telephone

BILL CHARGES TO ▼

Name

Street Address

City | State | Zip Code

Phone Number(s) | Email

Attn: | Special Instructions

Freight charges are PREPAID unless marked collect
CHECK BOX IF COLLECT ☐

FOR FREIGHT COLLECT SHIPMENTS – If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges: _____

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions *(subject to correction)*	WEIGHT/LBS. *(Subj. to Correction)*	CLASS/RATE REF. *(For Info. Only)*	CUBE FT. *(Optional)*

TOTAL HANDLING PIECES: | **INDIVIDUAL PIECES:** | **WEIGHT:** (LBS) | **CUBE:** (FT^3)

* Mark "X" to designate Hazardous Materials as defined in DOT regulations.
Notify if problem en route or delivery (for informational purposes only):

Name | Tel No.

Email

NOTE (1) 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 _____."

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).
NOTE (3) 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 Sec. (2)e of NMFC item 360.

SHIPPER

AUTHORIZED SIGNATURE
(REQUIRED)

ADDITIONAL SERVICES REQUESTED

☐ SECURED SHIPMENT DIVIDERS
☐ CURBSIDE ☐ THRESHOLD ☐ ROOM OF CHOICE
☐ WHITE GLOVE ☐ ASSEMBLY/INSTALL

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. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See item 780-1 ABF 111 rules for general liability limitations and for additional coverage available at additional expense.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

TRAILER NUMBER | SHIPPER LOAD & COUNT **(SLC)** ☐

CARRIER **ABF FREIGHT SYSTEM, INC.**

PER | DATE

Driver signature only acknowledges receipt of freight.