BILL OF LADING

Three signatures — shipper, driver, consignee

Bill of lading no. _____

Date _____

SHIPPER

Business name

Address

Contact / phone

CONSIGNEE

Business name

Address

Contact / phone

CARRIER NAME

DRIVER

ORIGIN

DESTINATION

☐ Prepaid — shipper pays the carrier ☐ Collect — consignee pays the carrier

DESCRIPTION OF GOODS	PACKAGES	WEIGHT	FREIGHT CLASS (IF USED)

SPECIAL INSTRUCTIONS — LIFTGATE, CALL BEFORE DELIVERY, REAR DOCK

EXCEPTIONS NOTED AT DELIVERY — DAMAGE, SHORTAGE, CONDITION

Shipper signature at pickup — date

Driver signature on acceptance — date

Consignee signature at delivery — date