



BILL OF LADING

Date	
Page	
BOL Number	

SHIP FROM / SHIP TO

SHIP FROM	SHIP TO
Name: Address: City/State/Zip: SID#:	Name: Address: City/State/Zip: CID#:

CARRIER INFORMATION

Carrier Name	
Trailer Number	
Seal Number(s)	
Pro Number	

FREIGHT TERMS

Prepaid Collect 3rd Party

CUSTOMER ORDER INFORMATION

Order #	Packages	Weight	Pallet (Y/N)	Additional Info

COMMODITY DESCRIPTION

Qty	Type	Description	Weight	Make/Model	Class

SPECIAL INSTRUCTIONS

SIGNATURES

Shipper Signature	Carrier Signature	Date