

Shipment #		Shippin	g Date	Truck Number	Tr	railer Number	Carrier Signature					
Shipper Nam	ne					Consignee Name						
Shipping Add	dress					Consignee Address						
City			State Zip Code			City	State Zip Code			ie		
Shipper Phone Number HAZMAT 24 Hour Number					Consignee Phone Number P.O. Number							
Shipper Shipment Number			Special Requirements			Special Requirements						
Driver Time IN Driver Time OUT				Driver Time IN Driver Time OUT								
Shipper Sigr	nature					Consignee Signature						
Shipper Print Name						Consignee Print Name						
No of Pieces	Packaging	HAZMAT	Description of Articles, S	pecial Marks, and Exceptions				Length	Dimensions Width	Height	Weight and Measure	

## FREIGHT CHARGES

PREPAID	COLLECT	THIRD PAYORS NAME: PARTY BILLING ADDRESS:				
DECLAREDVALUE		PROTECTIVESERVICE	C.O.D.			
\$ DECLARED VA	ALUE	REQUIRED TEMPERATURE	\$ AMOUNT			
Maximum Liability \$2.00/pound unl value states otherwise.	less declared	If product(s) to be protected from Heat or Frost, state required temperature.	If a C.O.D. is to be collected state the amount to be collected			

NOTICE OF CLAIM (a) No carrier is liable for loss, damage or delay to any goods under the Bill of Lading unless notice thereof setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of such loss, damage or delay is give n in writing to the originating carrier or the delivering carrier within sixty (60) days after the delivery of the goods or in the case of failure to make delivery within nine (9) months from the date of shipment. (b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.