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| STRAIGHT BILL OF LADING  ORIGINAL – NOT NEGOTIABLE SVXL  **Call 801-462-2535 for Rate Quotes** [***www.ShipSST.com***](file:///\\WIN-BG1ECHM1O6U\sst\data\Forms\www.ShipSST.com) | | | | | | | | | | Description: Description: U:\sst_large.jpg | | | | | | | | | NOTE: DRIVER AFFIX PRO NUMBER LABEL HERE | | | | | | | | |
| QUOTE NO | | | | | CUSTOMER P.O. NUMBER | | | |  | | | ROUTE VIA/INTERLINE | | | | | SHIPPER’S  NUMBER | | |  | | | | DATE | |  | |
| TO:  CONSIGNEE | |  | | | | | | | | | | | | FROM:  SHIPPER |  | | | | | | | | | | | | |
| ***On C.O.D. Shipments the letters “C.O.D.” must appear before consignee’s name.*** | | | | | | | | | | | | | |  |  | | | | | | | | | | | | |
| STREET | | | | | | | | | | | | | | STREET | | | | | | | | | | | | | |
| *(DESTINATION)*  CITY, STATE, ZIP | | |  | | | | | | | | | | | *(ORIGIN)*  CITY, STATE, ZIP | |  | | | | | | | | | | | |
| **FREIGHT CHARGES:**  FREIGHT IS PREPAID except when the box below is checked.  **Charges are to be collect.** | | | | | | | | *If freight is to be billed to a third party, check the box below* ***and complete section to the right.***  **Third Party Billing** | | | | | | THIRD PARTY NAME | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | STREET | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | CITY, STATE, ZIP | | | | | | | | | | | | | |
| **Number**  **Shipping**  **Units** | **HAZMAT** | | | Kind of Packaging, Description of Articles, Special Marks and Exceptions  *(IMPORTANT: List Hazardous Materials First)* | | | | | | | | | | | | | | **NMFC** Number | | | | Class           Weight (SUBJECT TO CORRECTION) | | | | | Charges (for Carrier use Only) |
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| If goods are being shipped COD, check the box below **and** complete the section to the right.  **Goods are COD** | | | | | | **COD AMOUNT is** $ | | | | | COD **FEE** is **Prepaid**  **Collect** | | | | | | Is the customer’s check Acceptable for C.O.D.? **NO** | | | | | | Total **Charges** | | | |  |
| **NOTE (1)** Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the proper as follows:  ***“The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding***      ***per pound.”***    **NOTE (2)** Liability Limitation for loss or damage on this shipment may be applicable.  See 49 U.S.C. § 14706(c)(1)(A) and (B). | | | | | | | | | | | | | | **AUTHORIZED SIGNATURE**  Subject to section 7 of the conditions if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:  **The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.**    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  *(Signature of Consignor)* | | | | | | | | | | | | | |
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| RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned, and destined as indicated above, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.    Shipper here by certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Required for HAZMAT Shipments* - Shipper also certifies 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.  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **24 hr Emergency Response Phone ( ) \_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SHIPPER** | | | | | | |  | | | | | | **CARRIER** | | | | | | | | | | | | | | |
| **Name** | | | | | | | **Phone Number** | | | | | | **Name**  **Superior Service Transport, Inc.** | | | | | | | | | | | | | | |
| **Authorized Signature** | | | | | | | | | | | | | **Authorized Signature** | | | | | | | | **Date & Time of Receipt** | | | | **Nr. Pieces Received** | | |

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