

STRAIGHT BILL OF LADING

ORIGINAL - NOT NEGOTIABLE

SVXL

Call 801-462-2535 for Rate Quotes

www.ShipSST.com



NOTE: DRIVER AFFIX PRO NUMBER LABEL HERE

QUOTE NO	CUSTOMER P.O. NUMBER	ROUTE VIA/INTERLINE	SHIPPER'S NUMBER	DATE
----------	----------------------	---------------------	------------------	------

TO: CONSIGNEE <i>On C.O.D. Shipments the letters "C.O.D." must appear before consignee's name.</i>	FROM: SHIPPER
---	---------------

STREET	STREET
--------	--------

(DESTINATION) CITY, STATE, ZIP	(ORIGIN) CITY, STATE, ZIP
--------------------------------	---------------------------

FREIGHT CHARGES: FREIGHT IS PREPAID <u>except</u> when the box below is checked. <input type="checkbox"/> Charges are to be collect.	If freight is to be billed to a third party, check the box below <u>and complete section to the right.</u> <input type="checkbox"/> Third Party Billing	THIRD PARTY NAME
		STREET
		CITY, STATE, ZIP

Number Shipping Units	HAZMAT	Kind of Packaging, Description of Articles, Special Marks and Exceptions <i>(IMPORTANT: List Hazardous Materials First)</i>	NMFC Number	Class (SUBJECT TO CORRECTION)	Weight	Charges (for Carrier use Only)
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

If goods are being shipped COD, check the box below <u>and</u> complete the section to the right. <input type="checkbox"/> Goods are COD	COD AMOUNT is \$ _____	COD FEE is <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	Is the customer's check Acceptable for C.O.D.? <input type="checkbox"/> 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."	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)
---	---

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).

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