BILL OF LADING #:	
LOAD #:	DATE:
DRIVER:	CARRIER:
DL #:	PREPAID:
	INVOICE :
	COLLECT:

RECEIVED SUBJECT TO THE TERMS AND CONDITIONS OF THIS BILL OF LADING AND ALL TARIFFS IN EFFECT AT THE TIME OF SHIPMENT:

PICK UP FROM:	DELIVER TO:	
Company/Name: Address: City & State: Office Ph/Other: THE EQUIPMENT MAY ACQUIRE SMALL SCRATCHES, SCUFFS, BE LIABLE FOR MINOR DAMAGE OF THIS NATURE WHICH IS CINSPECTION REPRESENTS A GENERAL OVERALL CONDITION A	Address: City & State: Office Ph/Other: DENTS OR ABRASIONS DURING TRANSPORT . THE CARRI ONSIDERED TO BE THE RESULT OF NATURAL WEAR AN	ER CAN NOT
Special Instructions/Observations:	Year: Make: Model: Color: Mileage: Keys: Remotes: Owner's Manual? Empty/Loaded 20 or 40 ft High Cube VIN:	
EQUIPMENT TRANSPORTED AND COVERED BY THIS B INTEREST POSITION IN FAVOR OF THE CARRIER UNTIL ALL this Bill of Lading and understand the conditions of the NOTICE - The Owners or Authorized agents signature at originarive the equipment at origin or at destination between the law reviewed and inspected my equipment, with no dama further claims. AT ORIGIN CARRIER OF AUTHORIZED AGENT (DRIVER)	CHARGES ARE PAID AND ALL MONIES DUE COLLECTE of this contract (initials). In is also for the following RELEASE: This will authorize the points of loading/unloading and the point(s) of pit ges, except as noted above and thereby release the care AT DESTINATION CARRIER OF AUTHORIZED AGENT (DRIVER)	ze Carrier to ick-up/delivery. rier from any
SIGNATURE: DATE: DATE:		.:
OWNER OR AUTHORIZED AGENT	OWNER OR AUTHORIZED AGENT	٠.
SIGNATURE: DATE:	SIGNATURE: DATE	