BOL NO:

BILL OF LADING

Carrier:

SHIPPER

Pickup Date:

Origin Terminal

P: F:

Destination Terminal

CONSIGNEE

P: F:

3RD PARTY BILL TO:

Priority 1 Inc.
P.O. Box 398
North Little Rock, AR 72115
Accounts Payable, 501-371-9814, F: 501-374-5960

Special Instructions:

Accessorials:

Freight Terms:
Prepaid: ___
Collect: ___
3rd Party: X

Qty	Type	Weight	HM (X)	NMFC	Item Description	LTL Class
					GRAND TOTALS:	

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

Remit COD to:

COD Fee: __Collect __Prepaid Check one: __Certified Check/Funds __Company Check __Money Order/Cash **COD Amount: $** _____

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).

Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

Trailer Loaded:
___ by Shipper
___ by Driver

Freight Counted:
___ by Shipper
___ by Driver

The Carrier shall not make delivery of this shipment without payment of and all other lawful charges.

Shipper: _____

Shipper Signature/Date

This is to certify 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.

Shipper:_____

Carrier Signature/Pickup Date

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in vehicle. Property described above is received in good order, except as noted.

Carrier:_____