



2200 State Rt. 119 • Ft. Recovery, OH 45846 • 800-537-6695 • www.cheeseman.com

**STRAIGHT BILL OF LADING - Not Negotiable**

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 rate classifications and rules that have been established by the carrier and are available at www.cheeseman.com.

FB# \_\_\_\_\_

Customer BOL# \_\_\_\_\_

**SHIPPER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_  
 Shipper's Reference No. \_\_\_\_\_

**CONSIGNEE**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Customer No. \_\_\_\_\_  
 Consignee's Reference/PO No. \_\_\_\_\_

**BILL-TO**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_

**TERMS**

FREIGHT CHARGES:  Prepaid  Collect  
**Freight prepaid unless collect box is marked**

*Affix pro label here*

**ALWAYS LIST HAZARDOUS MATERIALS FIRST IN DESCRIPTION OF ARTICLES COLUMN**  
 \*proper shipping name, hazard class, packaging group, emergency response guide number and emergency response phone number required

NO. OF PIECES	* HM	(KIND OF PACKAGE) Description of Articles, Special Marks and Exceptions (Subject to Correction)	NMFC #	CLASS Subject to Correction	WEIGHT Subject to Correction
<b>TOTAL</b>		<b>ADDITIONAL SHIPMENT INFORMATION:</b>			<b>TOTAL</b>

<b>NOTE: (1)</b> 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 hereby specifically stated by the shipper to be not exceeding _____ per _____	This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the department of Transportation.	<b>FOR FREIGHT COLLECT SHIPMENTS:</b> If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges. _____ <i>Signature of Consignor</i>
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<b>NOTE: (2)</b> Liability Limitation for loss or damage on this shipment may be applicable. See USC Section 14706(c)(1)(A) and (B).	<b>NOTE: (3)</b> Carrier liability shall be limited to a maximum of \$5.00 per pound per article, subject to released values as provided in the NMFC 100 Series and AVRT 100 Series, the lower of which shall apply. Carrier's maximum total liability per shipment shall not exceed \$100,000. To receive valuation in excess of the maximum liability per pound up to \$100,000, insert total dollar amount of valuation needed below. There will be a charge for excess valuation of \$1.00 for each \$100.00 value in excess of the initial maximum excess valuation charge of \$30.00 per shipment. The party responsible for payment of the freight charges will be responsible for excess valuation. \$ _____ excess valuation requested.	<b>NOTE: (4)</b> Commodities requiring special or additional care or alteration in handling or storing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec 2(e) of NMFC Item 360.
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SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_  
 (MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER.)

PICKUP DRIVER \_\_\_\_\_ DATE \_\_\_\_\_ No. HANDLING UNITS

CONSIGNEE \_\_\_\_\_ DATE \_\_\_\_\_

DELIVERY DRIVER \_\_\_\_\_ DATE \_\_\_\_\_ No. HANDLING UNITS

ORIGINAL



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FB# \_\_\_\_\_

Customer BOL# \_\_\_\_\_

**SHIPPER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_  
 Shipper's Reference No. \_\_\_\_\_

**CONSIGNEE**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Customer No. \_\_\_\_\_  
 Consignee's Reference/PO No. \_\_\_\_\_

**TERMS**

FREIGHT CHARGES:       Prepaid       Collect  
**Freight prepaid unless collect box is marked**

**BILL-TO**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_

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 (MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER.)

PICKUP DRIVER \_\_\_\_\_ DATE \_\_\_\_\_ No. HANDLING UNITS

CONSIGNEE \_\_\_\_\_ DATE \_\_\_\_\_

DELIVERY DRIVER \_\_\_\_\_ DATE \_\_\_\_\_ No. HANDLING UNITS

SHIPPING ORDER - CARRIER COPY



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Customer BOL# \_\_\_\_\_

**SHIPPER**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_  
 Shipper's Reference No. \_\_\_\_\_

**CONSIGNEE**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Customer No. \_\_\_\_\_  
 Consignee's Reference/PO No. \_\_\_\_\_

**TERMS**

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**BILL-TO**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Customer No. \_\_\_\_\_

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 This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the department of Transportation.  
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*Signature of Consignor*

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SHIPPER \_\_\_\_\_ DATE \_\_\_\_\_  
 (MUST BE SIGNED BY REPRESENTATIVE OF SHIPPER.)  
 PICKUP DRIVER \_\_\_\_\_ DATE \_\_\_\_\_ No. HANDLING UNITS   
 CONSIGNEE \_\_\_\_\_ DATE \_\_\_\_\_  
 DELIVERY DRIVER \_\_\_\_\_ DATE \_\_\_\_\_ No. HANDLING UNITS

MEMORANDUM - CARRIER DUPLICATE