



Special Instructions:

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. _____

BILL-TO

Name _____
Address _____
City _____ State _____ Zip _____
Customer 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

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
	X	UN2794, BATTERIES, WET, FILLED WITH ACID, 8, ERG# = 154			
TOTAL		ADDITIONAL SHIPMENT INFORMATION: EMERGENCY RESPONSE PHONE NO: _____			TOTAL

NOTE: (1) 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.

FOR FREIGHT COLLECT SHIPMENTS: 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.

Signature of Consignor _____

NOTE: (2) Liability Limitation for loss or damage on this shipment may be applicable. See USC Section 14706(c)(1)(A) and (B).

NOTE: (3) 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.

NOTE: (4) 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.

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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Customer BOL# _____

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

BILL-TO

Name _____
Address _____
City _____ State _____ Zip _____
Customer No. _____

CONSIGNEE

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

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SHIPPING ORDER - CARRIER COPY



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FB# _____

Customer BOL# _____

SHIPPER

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

BILL-TO

Name	_____
Address	_____
City	_____ State _____ Zip _____
Customer No.	_____

CONSIGNEE

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

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CONSIGNEE _____ DATE _____

DELIVERY DRIVER _____ DATE _____ No. HANDLING UNITS

MEMORANDUM - CARRIER DUPLICATE