



820 South Vintage Avenue, Unit B  
Ontario, California 91761

Questions?  
877-325-6447

# BILL OF LADING ORIGINAL

Not Negotiable

<b>PLACE PRO LABEL HERE</b>	Date	Purchase Order No.
	Shipper No.	Shipper No.
	REQUIRED: Please select a service type: <input type="checkbox"/> DCL Freight <input type="checkbox"/> DC Logistics	OPTIONAL: Please select delivery schedule: <input type="checkbox"/> A.M. Delivery <input type="checkbox"/> Close of Business

SHIPPER (From)			CONSIGNEE (To)		
Shipper	DCL Account No.		Consignee	DCL Account No.	
Attention To	Phone Number		Attention To	Phone Number	
Address			Address		
City	State	ZIP/Postal Code	City	State	ZIP/Postal Code
Accessorial Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access	Shipper Bill of Lading No.		Accessorial Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access	<input type="checkbox"/> Custom Delivery Window:	
Special Instructions					

**BILL FREIGHT CHARGES TO (if different than above):**

Name	Address				
DCL Account No.	Phone Number	City	State	Zip/Postal Code	

Freight charges are PREPAID unless marked collect <input type="checkbox"/> Check Box if Collect	C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Personal Chk. <input type="checkbox"/> Company Chk.
Remit C.O.D. To (if different than shipper above):	

Name	C.O.D. Amount: <div style="border: 1px solid black; padding: 5px; display: inline-block;">\$</div>	C.O.D. Fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee
Address	Phone Number	

HANDLING UNITS (H/U)	PALLETS	PIECES	HM (X)	DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS AND EXCEPTIONS	WEIGHT IN LBS.	NMFC ITEM NUMBER	CLASS	CUBE (optional)

**TOTAL H/U:** \_\_\_\_\_ Mark "X" or "RQ" in the HM Column to Designate Hazardous Materials or Reportable Quantity as Defined in DOT Regulations.

**NOTE 1:** Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must 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 \_\_\_\_\_.**

**NOTE 2:** Liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$.50 per pound per package for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence for NEW articles or \$10,000 per occurrence for USED or RECONDITIONED articles. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.

Articles are **NEW**, and require Excess Liability Coverage in the amount of \$ \_\_\_\_\_ per pound. **Additional charges will apply.**

Articles are **USED or RECONDITIONED** and require Excess Liability Coverage. **Additional charges will apply.**

**NOTE 3:** Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.

**SHIPPER CERTIFICATION**

This is to certify that the above named materials are properly classified, described, packaged, marked and labelled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper Signature \_\_\_\_\_ Date \_\_\_\_\_

**CARRIER CERTIFICATION**

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 document in the vehicle.

Driver/Employee Number	Piece Count	Trailer No.	Date
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**CONSIGNEE CERTIFICATION**

Consignee Name	Piece Count
Consignee Signature	Date