Date:

BILL OF LADING

Page 1 of _____

SHIP FROM

Name:
Address:
City/State/Zip:
SID#: FOB: ☐

Bill of Lading Number:_____

BAR CODE SPACE

SHIP TO

Name: Location #:____
Address:
City/State/Zip:
CID#: FOB: ☐

CARRIER NAME: INPAX "Shipping Solutions"
Trailer number:
Seal number(s):

SCAC: ROXE
Pro number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Freight Charge Terms:
Prepaid XXXXX **Collect** _____ **3rd Party** _____

SPECIAL INSTRUCTIONS:

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y or N	ADDITIONAL SHIPPER INFO
GRAND TOTAL				

INPAX "SHIPPING SOLUTIONS"

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (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. *See Section 2(e) of NMFC Item 360*)	LTL ONLY NMFC #	LTL ONLY CLASS
						RECEIVING		
						STAMP SPACE		
						GRAND TOTAL		

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 _____."

COD Amount: $_____

Fee Terms: Collect: ☐ **Prepaid:** ☐
Customer check acceptable: ☐

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 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.

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

_____ **Shipper Signature**

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.

Trailer Loaded:
☑ By Shipper
☐ By Driver

Freight Counted:
☑ By Shipper
☐ By Driver/pallets said to contain
☑ By Driver/Pieces

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 the vehicle.

SUPPLEMENT TO THE BILL OF LADING

Page _____

Bill of Lading Number: _____

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP Y	or N	ADDITIONAL SHIPPER INFO
PAGE SUBTOTAL					

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			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. *See Section 2(e) of NMFC Item 360*	NMFC #	CLASS
						PAGE SUBTOTAL		

INPAX SHIPPING SOLUTIONS