



164 Northwest Ind Ct
 Bridgeton, MO 63044
 314-209-7333 Phone
 314-209-1716 Fax

AFFIX PRO LABEL

Date: _____ **BILL OF LADING - SHORT FORM - NOT NEGOTIABLE** **Page** _____ **of** _____

CONSIGNEE			SHIPPER REF #		
Consignee			Shipper		
Street			Street		
City	ST	Zip	City	ST	Zip
Phone:		Contact:	Phone:		Contact:
Purchase Order No:			Bill Of lading No:		
THIRD PARTY FREIGHT CHARGES BILL TO:			FREIGHT CHARGES		
Name					
Street					
City	ST	Zip			
SPECIAL INSTRUCTIONS:			FEE TERMS: <input type="checkbox"/> COLLECT <input type="checkbox"/> PREPAID <input type="checkbox"/> COD FREIGHT CHARGES ARE CONSIDERED PREPAID UNLESS OTHERWISE MARKED ABOVE COD Amount: \$		

Handling Unit		Package		HAZ MAT	Description of Articles	NMFC No	Class	Weight (lbs)
Qty	Type	Qty	Type					

HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER AND CONTRACT ID:

Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicab;e, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request or via the Express 2000 website, and to all applicable state and federal regulations.

Shipper Signature/Date _____	Carrier Signature/Pickup 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.	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. Property described above is received in good order, except as noted.