



~ Driven by Generations of Excellence ~

800-657-6936
www.valleycartage.com



VALLEY CARTAGE
3011 ENLOE STREET
HUDSON, WI 54016
715-386-8836
800-657-6936
FAX: 715-386-8889

STRAIGHT BILL OF LADING
SHORT FORM - Original - Not Negotiable

PLACE PRO LABEL HERE

DATE

IMPORTANT - Please Use Zip Codes!

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.

SHIPPER'S NUMBER, ROUTE, SCAC, CUSTOMER P.O. NO., FROM: SHIPPER, TO: CONSIGNEE, ATTN, STREET, (ORIGIN) CITY, STATE, ZIP, (DESTINATION) CITY, STATE, ZIP, PHONE NO., FAX NO.

C.O.D. AMOUNT \$ C.O.D. FEE TO BE PAID BY SHIPPER CONSIGNEE IS CUSTOMER'S CHECK ACCEPTABLE FOR C.O.D.? YES NO

Table with 5 columns: Handling Units No. & Type, Packages No. & Type, HM, Description of Articles, Special Marks and Exceptions, Weight / lbs. (Subject to Correction), Class (For Info. Only)

HAZARDOUS EMERGENCY RESPONSE PHONE # CONTRACT #

◀ TOTAL

TOTAL ▶

Subject to Section 7

If this shipment is to be delivered to the consignee without recourse to 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 (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 specifically stated by the shipper to be not exceeding per"

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. § 14706 (c)(1)(A) and (B).

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. See Sec. 2 (e) of NMFC item 360.

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT

CHECK BOX IF COLLECT

3RD PARTY BILLING INFORMATION

Company Name:

Street & P.O. Box:

City/State/Zip:

Phone #:

The property described above, in apparent good order, except as noted (contents and conditions of contents of packages unknown) marked, consigned, and destined as shown below which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the rate to destination.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER:

DRIVER:

DATE:

TRAILER:

PER (signature required):

NUMBER OF HANDLING UNITS: