

Shipper:	Bill of Lading Number: _____
Name: Address: City/State/Zip: Attn.:	Bar Code Space

Consignee:	Carrier Name: Burd Brothers Inc
Name: Address: City/State/Zip: Attn.:	

Third Party Freight Charges Bill to:	SPAC:
Name: Address: City/State/Zip:	Pro Number:
	Bar Code Space

Special Instructions: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Customer Prepaid: _____ Collect: _____ 3rd Party: _____ <input type="checkbox"/> (check box): Master bill of lading with attached underlying bills of lading.
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Customer Order Information					
Customer Order No.	No. Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
			Y	N	
			Y	N	
			Y	N	
			Y	N	
Grand Total					

Carrier Information									
Handling Unit		Package						LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description		NMFC No.	Class
						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			
	Pallet		Case	TOTAL WEIGHT					

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: \$ _____
Free terms: Collect __, Prepaid __, Customer check acceptable __

Note Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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 and all other lawful charges.

Shipper Signature _____ **Burd Brothers Inc** _____

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. **Property described above is received in good order, except as noted.**