QBF Solutions Beyond Print (920) 468-7768 • (800) 398-3346

US Special Delivery

# UPPN
## STRAIGHT BILL OF LADING
## SHORT FORM
ORIGINAL - NOT NEGOTIABLE

PRO #

| Date | Phone No. | Cust. P.O. No. | Shipper No. |
|---|---|---|---|
| TO: Consignee | | | FROM: Shipper |
| Street | | | Street |
| City, State, Zip | | | City, State, Zip |

Freight charges are PREPAID unless marked collect. CHECK BOX IF COLLECT ☐

**FOR FREIGHT COLLECT SHIPMENTS.**
If this shipment is to be delivered to the consignee, without recourse on the 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) _____

THIRD PARTY BILLING
Company
Address
City, State, Zip

ROUTE | TRAILER

**COD** Amt. $_____ FEE PPD ☐ COL ☐ Is customer's check acceptable for C.O.D. YES ☐ NO ☐

| No. Shipping Units | Kind Of Packaging | * HM | ID Number | Description of Articles, Special Marks and Exceptions If Hazardous Materials – Proper Shipping Name | Hazard Class | Packing Group | NMFC No. | Class | Weight (Subject to Correction) |
|---|---|---|---|---|---|---|---|---|---|
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| 0 | TOTAL | | | | | | | TOTAL WEIGHT | 0 |

FOR HAZARDOUS MATERIALS * Notify if problem enroute or at delivery:
Name: _____ Emergency Response Number

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; the property described below, in apparent good order, except as noted (contents and condition 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 route to destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Bill of Lading set forth in the National Motor Freight Classification 100-X and successive issues. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back hereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

### 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'S SIGNATURE _____

DATE_____

_____ # OVER
_____ # SHORT
_____ #DAMAGED
(DETAIL IN BODY OF BILL)

_____ SWS(s) STC _____ PCS INTACT? Y N
_____ PLT(s) STC _____ PCS BANDED? Y N
_____ # CRATE(s) _____ #LOOSE PCS

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 alteration in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(a) of NMFC Item 360.

### Shipper Certification
This is to certify that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

SHIPPER **PRINT** _____ SHIPPER'S SIGNATURE_____ DATE_____

**IF DELIVERED ENROUTE**
**RECEIVED IN GOOD CONDITION EXCEPT AS NOTED**

**PRINT** _____ SIGNATURE _____ DATE_____ **TIME**_____

MARK "X" IN "HM" COLUMN FOR HAZARDOUS MATERIALS

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