

**STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE**

CARRIER:



Standard Forwarding LLC
2925 Morton Drive
East Moline, IL 61244

(PLACE PRO-LABEL HERE)

THANK YOU FOR USING STANDARD FORWARDING.
VISIT WWW.STANDARDFORWARDING.COM FOR TRACING,
ROUTING, RATES AND CLAIMS INQUIRIES.

CALL 1-877-SHIPSTF
(1-877-744-7783)

**DRIVER
PLEASE NOTE**

**IF SINGLE SHIPMENT
CHECK BOX BELOW**

SINGLE SHIPMENT PICKUP

Shipper's No. _____
P.O. No. _____
Date _____

SHIPPER (FROM)
STREET
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE)

RECEIVED, subject to individually determined rules 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 above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said 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 bill of lading terms and conditions in the governing classification on the date of shipment. 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.

BILL (TO)	CONSIGNEE (TO)
STREET	STREET
CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE)	CITY, STATE/PROVINCE, ZIP/POSTAL CODE (TELEPHONE)

ACCOUNT CODE	ROUTE	Mark "X" in the appropriate column to designate Hazardous Materials as defined in Department of Transportation Regulations.	See Uniform Bill of Lading Terms and Conditions per NMFC.
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Number of Shipping Units	O/HAZ	Kind of Packaging, Description of Articles, Special Marks and Exceptions	NMFC	CLASS	WEIGHT

Remit C.O.D. to: Address: City: State: Zip:	COD Amt: \$	C.O.D. FEE: Prepaid <input type="checkbox"/> \$ Collect <input type="checkbox"/> \$	TOTAL CHARGES: \$ Freight charges are PREPAID unless marked collect. CHECK BOX IF COLLECT <input type="checkbox"/>
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Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
(Signature of Consignor)

NOTE Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ _____ Per _____

Please enter Excess Value amount here: \$ _____

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable.

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 Department of Transportation. Per _____

SHIPPER: _____	CARRIER: _____
PER: _____	DATE: _____
PER: _____	DATE: _____

EMERGENCY RESPONSE TELEPHONE NUMBER () _____ Manned 24 hours/day by a person with knowledge of the hazards of the material and emergency response information or who has access to a person with that knowledge.