

Date:

Bill of Lading - Short Form - Not Negotiable

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Ship From	Bill of Lading Number:
Name: Address: City/State/Zip: Tel: FOB: <input type="checkbox"/>	Customer Ref:

Ship To	Carrier Name:
Name: Location: _____ Address: City/State/Zip: Tel: FOB: <input type="checkbox"/>	Trailer Number: Serial Number(s): Container Number: Seal Number:

Third Party Freight Charges Bill to:	SCAC:
Name: Hawaiian Islands Forwarders Address: 14241 E. Firestone Blvd. Suite 400 City/State/Zip: La Mirada, CA 90638 Tel: (855) 897-7202	Carrier Pro:

Special Instructions:	Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid ___ Collect ___ 3rd Party <u>X</u> _____ Master bill of lading with attached underlying bills of lading.
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Carrier Information

Handling Unit		Cartons					LTL Only			
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	Cu Ft.	NMFC No.	Class	
<small>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</small>										

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: \$ _____ Terms: _____ Collect _____ Prepaid _____ Cust. check acceptable _____
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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.	Consignee: Received in apparent good order except as noted hereon: Date: _____ Time In: _____ Time Out: _____ PER (Signature): _____ PRINT NAME: _____
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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 Driver	Freight Counted By: ____ Shipper ____ Driver/pallets ____ 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.
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