

# BILL OF LADING

PICKUP INFORMATION	DELIVERY INFORMATION
Shipper _____ Address _____ City _____ State _____ Zip 03304 Phone _____ Alt Phone _____ Shipper's En Route Contact _____ Phone _____ Alt Phone _____	Consignee (if different from shipper) _____ Address _____ City _____ State _____ Zip _____ Phone _____ Alt Phone _____ Shipper's Delivery Contact _____ Phone _____ Alt Phone _____
Packing Date _____ Delivery Date _____ <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed Pickup Date _____ Services Dates _____ <input type="checkbox"/> Guaranteed <input type="checkbox"/> Agreed Penalty or Per Diem _____	Delivery Agent or Interline Carrier (if any) Company _____ Address _____ City _____ State _____ Zip _____
<h3 style="text-align: center;">CUSTOMER'S DECLARATION OF VALUE</h3> <h4 style="text-align: center;">TARIFF LEVEL OF CARRIER LIABILITY - THIS IS NOT INSURANCE</h4> <p>Shipper must select one of the following available options to establish carrier's maximum liability for shipper's goods, subject to the rules contained in carrier's tariff.</p> <p><b>OPTION 1: FULL (REPLACEMENT) VALUE PROTECTION</b> If any article is lost, destroyed or damaged while in carrier's custody, carrier will either 1) repair the article to the extent necessary to restore it to the same condition as when it was received by carrier, or pay shipper the cost of such repairs; or 2) replace the article with an article of like kind and quality, or pay shipper for the cost of such a replacement. An additional charge applies for this option.</p> <p>To select Option 1, shipper must write, on the line below, either a lump sum dollar amount for the value of the shipment that is not less than \$5000, or an amount per pound that is not less than \$4.90 per pound, whichever is greater AND shipper must initial one of the following deductible amounts that will apply for your shipment:</p> <p>The value of my shipment is: \$ _____</p> <p>No Deductible      \$250 Deductible      \$500 Deductible      Other \$ _____</p> <p><b>OPTION 2: RELEASED VALUE OF 60 CENTS PER POUND PER ARTICLE</b> If any article is lost, destroyed or damaged while in carrier's custody, carrier liability is limited to the actual weight of the lost, destroyed or damaged article multiplied by 60 cents per pound per article. This is the basic liability level and is provided at no charge. It is considerably less than the average value of household goods.</p> <p>To select Option 2, shipper must write, on the line below, the words "60 cents per pound".</p> <p>The value of my shipment is: _____</p> <p>Shipper's signature is required here: I acknowledge that I have 1) declared a value for my shipment and selected a deductible amount, if appropriate, and 2) received and read a copy of the "Your Rights and Responsibilities When You Move" brochure explaining these provisions.</p> <p style="text-align: right;">_____ Shipper's Signature      _____ Date</p>	Weight _____ Scale _____ Address _____ 2,500 lbs      Location _____ City _____ State _____ Zip _____ Subject to a minimum weight of 1,000 lbs and, if applicable, a minimum charge of \$ _____ <input type="checkbox"/> <b>NON-BINDING</b> Estimated Total Charges: _____ <b>OR</b> <input type="checkbox"/> <b>BINDING</b> Shipper and Carrier agree to a Binding Charge of _____ This amount is guaranteed for _____ days from the date of signing For a C.O.D. shipment, the maximum amount to be paid upon delivery is 100% of a binding estimate, or 110% of a non-binding estimate ( _____ ). The estimated charges, non-binding or binding, are based on the articles and services listed below. Any additional services OR any outstanding balance will be billed 30 days after delivery.
	<h4 style="text-align: center;">BILLING INFORMATION</h4> Charge P.P.D. C.O.D. Payable To: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Payment in Cash, Certified Check, Traveler's Check, Bank Cashier's Check Bill To: _____ Address: _____ City: _____ State _____ Zip _____ Contact: _____
	<p style="text-align: center;"><b>IF NOTIFICATION OF CHARGES PRIOR TO DELIVERY IS REQUESTED, PROVIDE FAX NUMBER, EMAIL ADDRESS, OR STREET ADDRESS WHERE NOTIFICATION IS TO BE TRANSMITTED</b></p> <p>_____</p> <p>_____</p>
	<h4 style="text-align: center;">TRANSPORTATION AND SERVICES</h4> Binding Estimate \$ 1,098.05 Transportation _____ Fuel Cost - 15% _____ Item 135 - Orig _____ Item 135 - Dest _____
<h4 style="text-align: center;">Extraordinary (Unusual) Value Article Declaration</h4> <p>I acknowledge that I have prepared and retained a copy of the "Inventory of Items Valued in Excess of \$100 Per Pound Per Article" that are included in my shipment and that I have given a copy of this inventory to the carrier's representative. I also acknowledge that the carrier's liability for loss of or damage to any article valued in excess of \$100 per pound will be limited to \$100 per pound of such lost or damaged article (based on actual article weight), not to exceed the declared value of the entire shipment, unless I have specifically identified such articles for which a claim for loss or damage is made on the attached inventory.</p> <p style="text-align: right;">_____ Shipper's Signature      _____ Date</p>	
<h4>Comments</h4> <p>_____</p> <p>_____</p> <p>_____</p>	
<h4>RELEASE OF SHIPMENT TO CARRIER</h4> <p>The Shipper hereby releases his shipment to the carrier.</p> <p style="text-align: right;">Date _____</p> <p>_____ Shipper's Signature (or Representative)      _____ Carrier Representative's Signature</p>	
<h4>ACKNOWLEDGEMENT OF DELIVERY</h4> <p>Shipment was received in apparent good condition, except as noted on inventory, and services ordered were performed.</p> <p style="text-align: right;">Date _____</p> <p>_____ Shipper's Signature (or Representative)      _____ Carrier Representative's Signature</p>	