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 Spokane, WA 99202
 509-534-9351 • FAX 509-534-6975
 Toll Free: 1-800-531-9351

Date:

STRAIGHT BILL OF LADING - NOT NEGOTIABLE

BILL TO ADDRESS

Name:

Address:

City:

State:

Zip:

TO:

Consignee:

Street:

City:

State:

Zip:

Phone#:

FROM:

Shipper:

Street:

City:

State:

Zip:

Phone#:

Shipping Units	Kind Of Package	* HM	Description of Articles, Special Marks, and Exceptions	NMFC Item No.	Class	Weight (LB) <i>Subj. to Corr.</i>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Dimensions: (Length) X (Width) X (Height)

Hazardous Materials Emergency Contact

Name: Number:

Shipper Number <input type="text"/>	PO Number <input type="text"/>	BOL Number <input type="text"/>	RMA Number <input type="text"/>	Quote Number <input type="text"/>
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Maximum claim value not to exceed ten cents (10¢) per pound on "used" merchandise unless otherwise negotiated.

- PREPAID**
- COLLECT**

If Nothing Is Checked, Will Go As Collect Shipment.

"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 AND THE E.P.A."

RECEIVED subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order except as stated (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. 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.

SHIPPER:

Signature:

Date:

Driver Id:

Time:

Number Of Pieces Received:

Unit #:

Stop #:

Thank you for using Fast Way Freight System Inc.