

STRAIGHT BILL OF LADING - ORIGINAL - NON NEGOTIABLE



TRANSFER COMPANY

625 3rd Avenue
Rock Island, IL 61201
800-747-0723

Place Pro Label Here

Date:		Shipper's Number:	
To Consignee: _____ Phone: _____		From Shipper: _____ Phone: _____	
P.O. Number:		<h2 style="font-size: 2em;">COD</h2>	Total Amount \$ _____
Quote Number:			
Trailer Number:			
Delivering Carrier:			
Freight charges are PREPAID unless collect. COLLECT: <input type="checkbox"/>		Payment Via: <input type="checkbox"/> Certified Check <input type="checkbox"/> Company Check	COD Fee to Be: <input type="radio"/> Prepaid <input type="radio"/> Collect
Third Party Bill To:		Remit COD To:	

From the property described below, in apparent good order, except as noted (contents and condition of contents of packaged unknown), marked, consigned, and destined as indicated below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agree to carry to its usual place of delivery at said destination, if on its own road or its own water line, 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 conditions not prohibited by law, whether printed or written, herein contained (as specified in Appendix B to Part 1035) which are hereby agreed to by the shipper and accepted for himself and his assigns.

No. Handling Units	HM	I.D. Number	Description of articles, special marks, and exceptions	Hazard Class	Packing Group	Class	Weight
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

On _____ total pallets. Mark box if pallets are NOT shrink wrapped:

Hazmat Emergency Phone No:	Declared Value: \$ _____ per _____
Special Instructions:	Subject to section 7 of 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)

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.

Shipper: _____	Carrier: Dohrn Transfer Company
Per: x _____	Per: x _____