

STRAIGHT BILL OF LADING
ORIGINAL - NOT NEGOTIABLE



P.O. BOX 10048
FORT SMITH, AR 72917
800-610-5544
or visit: arcb.com/abf

AFTER PRINTING,
PLACE PRO LABEL HERE
SHIPPER RETAINS THIS COPY

Shipper's Bill of Lading No. _____
Consignee's Reference / PO No. _____
Bill of Lading Date _____

SHIP FROM ▼ SHIP TO ▼

Shipper Name	Consignee Name	
Origin Street Address	Destination Street Address	
Origin City State Zip Code	Destination City State Zip Code	
Phone Number(s)	Email	Phone
Email	<input type="checkbox"/> Check box, if delivery appointment required. Consignee telephone	

BILL CHARGES TO ▼

Name _____
Street Address _____
City State Zip Code _____
Phone Number(s) Email _____
Attn: _____ Special Instructions _____

Freight charges are PREPAID unless marked collect
CHECK BOX IF COLLECT

FOR FREIGHT COLLECT SHIPMENTS - If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges: _____

HDLG UNITS NO./TYPE	PACKAGES NO./TYPE	* HM	Kind of Package, Description or Articles, Special Marks and Exceptions (subject to correction)	WEIGHT/LBS. (Subj. to Correction)	CLASS/RATE REF. (For Info. Only)	CUBE FT. (Optional)

TOTAL HANDLING PIECES: _____ INDIVIDUAL PIECES: _____ WEIGHT: _____ (LBS) CUBE: _____ (FT³)

* Mark "X" to designate Hazardous Materials as defined in DOT regulations.
Notify if problem en route or delivery (for informational purposes only):

Name _____ Tel No. _____

Email _____
NOTE (1) 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 _____."

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).
NOTE (3) 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 Sec. (2)e of NMFC item 360.

SHIPPER _____

AUTHORIZED SIGNATURE (REQUIRED) _____

ADDITIONAL SERVICES REQUESTED

SECURED SHIPMENT DIVIDERS
 CURBSIDE THRESHOLD ROOM OF CHOICE
 WHITE GLOVE ASSEMBLY/INSTALL

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. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See item 780-1 ABF 111 rules for general liability limitations and for additional coverage available at additional expense.

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. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

TRAILER NUMBER _____ SHIPPER LOAD & COUNT (SLC)

CARRIER **ABF FREIGHT SYSTEM, INC.**

PER _____ DATE _____
Driver signature only acknowledges receipt of freight.