

PAGE OF

**AFTER PRINTING,  
PLACE PRO LABEL HERE**



PO BOX 10048  
FORT SMITH, AR 72917-0048  
**(800) 610-5544**  
[www.arcb.com](http://www.arcb.com)

SHIPPER RETAINS THIS COPY

Shipper's  
BOL  
NumberConsignee's  
Reference

PO  
No.

Quote  
ID

Bill of Lading Date

## SHIP FROM ▼

Shipper Name			
In Care Of		Contact Name	
Origin Street Address			
Origin City		State	
		ZIP	
Email		Phone Number	

## SHIP TO ▼

Consignee Name			
In Care Of		Contact Name	
Destination Street Address			
Destination City		State	
Email		Phone Number	
ZIP			

☐ Check box, if delivery appointment required.

## BILL CHARGES TO ▼

Name			
In Care Of		Contact Name	
Street Address			
City		State	
		ZIP	
Email		Phone Number	

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.

SIGNATURE

HDLG UNITS NO./TYPE	PACKAGE NO./TYPE	* HM	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	L x W x H	CUBE FT.	WEIGHT LBS.	NMFC#	CLASS
		<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"/>						
		<input type="checkbox"/>						
		<input type="checkbox"/>						
			TOTAL					

\* Mark "X" to designate **Hazardous Materials** as defined in DOT regulations.

Notify if problem en route or delivery (for informational purposes only):

Name	Phone
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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) of NMFC item 360.

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 &amp; Count (SLC)

Carrier

**ABF FREIGHT SYSTEM, INC.**

Per

Date \_\_\_\_\_

Driver signature only acknowledges receipt of freight.

Shipper

Authorized Signature (Required)

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