STRAIGHT BILL OF LADING ORIGINAL - NON NEGOTIABLE



SCAC:	PT	W	Τ
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Panther Order No.

PAGE _	٥f
FAGE	OI

Medina, OH 44256								railer No.			
A service of ArcBest WWW.arcb.com					Deadhead No. Em			mpty Move No.			
SHIP FRO	M:					SHIP TO:					
Shipper Name:						Destination Name:					
In Care	In Care Contact					In Care of:		Contact Name:			
Origin Street					Destination Street Address:						
Address: Origin City:				State:	ZIP:	Destination City:			State:	ZIP:	
Email:	Gity:					Email:			Phone:		
	Freight Charges Are: (CHC					OSE ONE)			NOTE TO 0	CUSTOMER	
BILL CHARGES TO: Prepaid					Prepaid	Collect	Third Par	Third Party Charges will default to COLLECT unless otherwise noted			
Bill To Name:						Special					
In Care			Contact Name:			Instructions:					
Billing Street Address:			rtunio.			1					
Billing City				State:	ZIP:	1					
Email:				Phone:		1					
Pieces	Package	*	Ki	nd of Package	e, Description or A	Articles, Special Marks and	Exceptions		LxWxH	Weight	
No.	No./Type	HM			(subject	to correction)			(Inches)	LBS.	
TOTAL	TOTAL		TOTALS	<u> </u>						TOTAL	
Mark "X" to designa	Late Hazardous Materials a		DOT regulations.		•	emperature Requiremer	nts:			101/12	
marked and labeled an	 This is to certify that the d are in proper conditions 	for transpor	tation according to the	ne applicable laws a	ind regulations.	Above Celsius. Set to		elow Ce	elsius. Initials:		
(including charges) sha	s: Charges – Absent a cor all be set forth in Carrier's ovided. Copies available u	tariff as mail	ntained at Carrier's C	Corporate headquar		IOTE: RUN ALL REEFERS ON CONTI	NUOUS UNLESS SPECIFI	C WRITTEN INST	RUCTIONS ARE GIVE	EN TO DO OTHERWISE	
Notice: In the event the	at Carrier use another mo	tor Carrier ha	as required property	brokerage authority		equired by 49 U.S.C. 13901, as may be pect to all shipments. Carrier shall not b			ane.		
Limitation of Liability	/Declared Value – Carrie	er's Liability f	or cargo loss and da	mage shall be limite	ed to the (1) actual value of	of the goods lost or damaged and shall not be liable for one or shall not be liable for one o	not exceed \$0.50 per poun	d or \$50,000 per	truck load (whichever		
Shipper understands th		harge for ex	cess liability coverag			5-0657 and the shipper agrees to pay (
NOTE: Customs Decla	Blank defaults to red Value – The Custom D		bility as stated above ue is \$. (if declared, must	call 800-685-0657)						
U.S. Department of Tra		uthorizes co	nsent to the Transpo	rtation Security Adr		packaged, marked and labeled, and are shipment when transportation requires					
	CHOOSE ONE)		Shipper Shipper		Driver	Delivery Comments:					
	,		id to contain	I piece		Belivery comments.					
Con	dition of freight unkr	nown due	to	· .							
Ship	per Load & Count		Notation of [Damage:							
Seal	Number					Date Picked up: // Arrived at : (am)	(pm)	Date Deliver Arrived at		(pm) [
	nk Wrap					Departed at : (am)		Departed at		(pm)	
Emergency Res						By signing this document, you					
Shipper Signature:	SHI	PPE	R SIG	NATU	RE	Delivery Signature:	RECEIVE	ER SI	GNATU	JRE	
Print Legal Nam	ie:					Print Legal Name:					