BLIND BILL OF LADING

ORIGINAL – NOT NEGOTIABLE

PO BOX 10048
FORT SMITH, AR 72917-0048
(800) 610-5544
www.arcb.com

AFTER PRINTING,
PLACE PRO LABEL HERE

SHIPPER RETAINS THIS COPY

PAGE ____ OF ____

Shipper's BOL Number

Customer Reference | PO No.

Quote ID | Bill of Lading Date

BLIND SHIPPER ▼

Shipper Name

In Care Of | Contact Name

Origin Street Address

Origin City | State | Postal Code

Email | Phone Number

ACTUAL SHIPPER ▼

Consignee Name

In Care Of | Contact Name

Destination Street Address

Destination City | State | Postal Code

Email | Phone Number

ACTUAL CONSIGNEE ▼

Name

In Care Of | Contact Name

Street Address

City | State | Postal Code

Email | Phone Number

BILL CHARGES TO ▼

Bill Name

In Care Of | Contact Name

Bill Street Address

Bill Destination City | State | Postal Code

Email | Phone Number

Special Instructions

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
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		☐						
			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

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)**

BLIND SHIPMENT

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.