

PAGE OF



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

SHIPPER RETAINS THIS COPY

Quote
ID

Bill of Lading Date

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

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

☐ Check box, if delivery appointment required.

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

Special
Instructions

CHECK BOX IF COLLECT

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
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
			TOTAL					

Name	Phone
------	-------

Email

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.