

PAGE OF

**AFTER PRINTING,
PLACE PRO LABEL HERE**

SHIPPER RETAINS THIS COPY



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

Shipper's
BOL
NumberCustomer
Reference

PO
No.

Quote ID

Bill of Lading Date

SHIP FROM ▼

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

SHIP TO ▼

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

☐ Check box, if delivery appointment required.**BILL CHARGES TO ▼**

Name					
In Care Of		Contact Name			
Street Address					
City				State	
				Postal Code	
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
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
		☐						
			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) Released Value Commodities – Where the rate is dependent on value, shippers are required to state specifically in writing the value of the property as follows:

The agreed or released value of the property is hereby specifically stated by the shipper to not be exceeding \$ _____ per pound.

NOTE (2) Excess Cargo Liability Coverage Requested (ELC) – The declared value of the shipment is \$ (USD).

If declared value is not provided, Excess Cargo Liability Coverage Requested is:
\$ (USD).

NOTE (3) Premium Cargo Coverage Requested (PCC) – The covered value of the shipment is \$ (USD).

NOTE (A) Customs Declared Value – The customs declared value is \$ _____ (USD).

NOTE (B) 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 250100.

Shipper

Authorized Signature (Required)

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. Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).

Trailer
Number

Shipper Load & Count (SLC)

Carrier

ABF FREIGHT SYSTEM, INC.

Per

Date _____

Driver signature only acknowledges receipt of freight.