

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

Bill of Lading Date

SHIP TO ▼

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

15	
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The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

SIGNATURE

Contact Name

Phone

Date ☐ By ☐ On ☐ Between

Time ☐ By ☐ Between

Email

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					

Authorized Signature (Required)

Date _____

Driver signature only acknowledges receipt of freight.