

Ship From	Bill of Lading Number: _____
Name: Address: City/State/Zip: SID No.:	Bar Code Space

Ship To	Carrier Name:
Name: Address: City/State/Zip: CID No.:	Bailey's Express, Inc. 61 Industrial Park Road Middletown, Connecticut 06457 800.523.3758 Fax: 860.632.0388 www.baileysexpress.com

Third Party Freight Charges Bill to:	Pro Number:
Name: Address: City/State/Zip:	Bar Code Space

Special Instructions:	Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3 rd Party: _____
	(check box): Master bill of lading with attached underlying bills of lading.

Customer Order Information

Customer Order No.	No. Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
			Y N	
			Y N	
			Y N	
			Y N	
Grand Total				

Carrier Information

Handling Unit		Package					LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description	NMFC No.	Class
						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 Section 2(e) of NMFC item 360		

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 _____"

COD Amount: \$ _____

Free terms: Collect , Prepaid , Customer check acceptable

Note Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).

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, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of and all other lawful charges.
Shipper Signature _____

Shipper Signature/Date
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:
_ By shipper
_ By driver

Freight Counted:
_ By shipper
_ By driver/pallets said to contain
_ By driver/pieces

Carrier Signature/Pickup Date
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. **Property described above is received in good order, except as noted.**