



BILL OF LADING

Phone: Fax:

Shipper:	Consignee:	3rd Party:
		Phone: Fax:

Date:	PRO No	Invoice No:	PO/ Cust Ord#:
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NO	TYPE	Product / NMFC	CLASS	DIMENSIONS	WEIGHT
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- Total Pieces	Total Weight
Notes:	

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Shipper Company Name _____ Shipper Signature _____	Trucking Company Company Name _____ Driver Signature _____
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