Custom Freight Systems

2484 Baumann Ave Lorenzo, CA 94580

STRAIGHT BILL OF LADING

Shipper's No.

Carrier's No.

Consignee (TO)	Shipper (FROM)
Street Address	Street Address

City	ZIP (REQUIRED)	City	ZIP (REQUIRED)

P.O. Number	STORE#	DEPARTMENT#	Bill Of Lading Number	STORE#	DEPARTMENT#

Consignee Phone #	Contact Name (Attention)	**Check One:** ☐ Prepaid ☐ Collect
		CHARGES ARE PREPAID UNLESS OTHERWISE MARKED

Bill To:

Open Time   Close Time

Quote #

Recieved $ _____ to be delivered in the prepayment on the property

described hereon. (Agent or Cashier) _____

ZIP (REQUIRED)

No. PCS	PKG. TYPE	HM*	DESCRIPTION OF ARTICLES & SPECIAL MARKS	WEIGHT	NMFC N O.	CLASS	VALUE
		☐					
		☐					
		☐					
		☐					
		☐					
		☐					
		☐	Total Cube:				

*Mark with an "X" to designate hazardous materials as defined in title 49 of the Code Fed. of Reg.   **Hazardous material emergency contact #**

Additional Services:

☐ Inside Delivery Required   ☐ Residential Delivery

☐ Lift Gate Pick-Up / Delivery   ☐ Sort and Segregate

☐ Notification Before Delivery   ☐ Other: _____

Remit C.O.D Cash / Check To:

METHOD OF PAYMENT (REQUIRED
COD FEE ☐ Prepaid ☐ Collect   **COD AMT $** _____   ☐ CONSIGNEE CHECK ACCEPTABLE   ☐ CERTIFIED CHECK OR CASH

CARRIER LIABILITY: Carrier liability for loss or damage will be the lesser of (1) the actual invoice value of the article(s) lost, damaged or destroyed: or** (2) the amount determined from applicable limited liability provisions of the NMFC; or (3) the limited liability as stated in applicable governing tariffs, unless a higher value is declared in writing on the bill of lading at the time shipment and applicable charges are paid.

**Where a "rate" is dependent on value, the agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

PLACE CARRIER PRO LABEL HERE

Trailer Number:		Linear Feet of Shipment:
Seal # Applied:		
Beyond SCAD:	Cross Ref. Pro#	

☐ SHIPPER LOAD / CONSIGNEE UNLOAD

Shipper certifies that the above named material 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.

Rule #575 Dimensions (in feet): _____ (L) _____ (W) _____ (H)

Firm Name: _____   Carrier: _____   Driver: _____

Signed By: _____   Date Received: _____   Carrier Piece Count: _____