



Custom Freight Systems
12500 E. Slauson Ave. C1 Santa Fe Springs, CA 90670

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: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect CHARGES ARE PREPAID UNLESS OTHERWISE MARKED	
Bill To:			Open Time _____ Close Time _____ Quote # _____ Received \$ _____ 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
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>	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: <input type="checkbox"/> Inside Delivery Required <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Lift Gate Pick-Up / Delivery <input type="checkbox"/> Sort and Segregate <input type="checkbox"/> Notification Before Delivery <input type="checkbox"/> Other: _____	Remit C.O.D Cash / Check To: _____ _____ _____
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METHOD OF PAYMENT (REQUIRED) COD FEE <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	COD AMT \$ _____	<input type="checkbox"/> CONSIGNEE CHECK ACCEPTABLE <input type="checkbox"/> CERTIFIED CHECK OR CASH
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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

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

Firm Name: _____ Carrier: _____ Driver: _____

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