Bill of Lading

Date:

Ship From:

SID#: ☐ FOB

Bill of Lading No:

BARCODE SPACE

CAPE COD EXPRESS
We ♥ Cape Cod & the Islands

Ship To: Location No:

CID#: ☐ FOB

SCAC:
Pro No:

BARCODE SPACE

Third Party Freight Charges - Bill To:

Freight Charge Terms (prepaid unless marked otherwise)
☐ **Prepaid** ☐ **Collect** ☐ **3rd Party**

☐ **Master BOL: w/attached underlying BOLs**

Special Instructions:

Customer Order Information

Customer Order No.	# Pkgs.	Weight	Pallet/Slip (Y/N)	Additional Shipper Info
Totals				

Carrier Information

Handling Unit QTY	Handling Unit TYPE	Package QTY	Package TYPE	Weight	H.M. (X)	Commodity Description	LTL Only NMFC No.	LTL Only 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 MNMFC Item 360**		
						Totals		

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

_____ FOB _____."

COD Amt. $_____

Fee Terms: ☐ Collect ☐ Prepaid

☐ Customer Check Acceptable

NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. - 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 freight and all other lawful charges.

Shipper Signature_____

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.

_____ _____
Shipper Signature Date

Trailer Loaded
☐ By Shipper
☐ By Driver

Freight Counted
☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

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.

_____ _____
Carrier Signature Pickup Date