



BILL OF LADING

CUSTOMER SERVICE: 1-800-599-2902
 WEB SITE: PartnerShip.com

PLEASE PRINT OR TYPE

DATE

SHIP FROM

Name: _____
 Address: _____
 City/State/Zip: _____

SHIP TO

Name: _____
 Address: _____
 City/State/Zip: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

PartnerShip
 500 East Lorain St.
 Oberlin, OH 44074

Bill of Lading Number: PS - _____

Shipper PO#: _____

Shipper REF#: _____

CARRIER NAME: _____

Trailer number: _____

Seal number(s): _____

SCAC: _____

Pro number: _____

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

Freight Charge Terms: *(freight charges are prepaid unless marked otherwise)*

Prepaid _____ Collect _____ 3rd Party

CARRIER INFORMATION

NUMBER OF PIECES	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	NMFC #	CLASS
			<small>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</small>		
GRAND TOTAL					

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: \$ _____

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

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: Freight Counted:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> By Shipper | <input type="checkbox"/> By Shipper |
| <input type="checkbox"/> By Driver | <input type="checkbox"/> By Driver/pallets said to contain |
| | <input type="checkbox"/> 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.