



## BILL OF LADING

Car Initial(s) and Number(s)		Date	PO or Shipping #
<b>DESTINATION ADDRESS</b>			
Address	City	State, Zip	Consignee at Stop
Routing			
<b>CONSIGNEE ADDRESS</b>			
Address	City	State, Zip	Contact
<b>SHIPPER ADDRESS</b>			
Address	City	State, Zip	Contact
<b>BILL TO PARTY</b>			
Address	City	State, Zip	Method of Payment
			Prepaid _____
			Collect _____
			Other _____
Special Instructions	To Weigh? (Yes or No)	Tariff Authority or Quote	
	Gross	Shipper Scale _____	
	Tare	RR Scale _____	
	Net	Receiver Scale _____	
STCC Number	Commodity Description		Seals
Pkgs	Quantity	Description of Articles	Weight

**Company:** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_

**Number:** \_\_\_\_\_

**FAX TO:**

**(610) 458-0524**