

**BILL OF LADING - NOT NEGOTIABLE**  
**GJCARGO CORP. PH: 305.718.4446**  
**FAX: 786.567.6008 MC 616631 DOT 1462735**  
**YOUR CARGO SOLUTION!**

<b>SHIP FROM</b>	<b>Bill of Lading Number:</b>
	BAR CODE SPACE
<b>SHIP TO</b>	<b>Carrier Name:</b>
	Trailer number: Serial number(s):
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>	<b>SCAC:</b>
	Pro Number:
	BAR CODE SPACE
<b>Special Instructions:</b>	<b>Freight Charge Terms (Freight charges are prepaid unless marked otherwise):</b>
	Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/>
	<input type="checkbox"/> Master bill of lading with attached underlying bills of lading.

**CUSTOMER ORDER INFORMATION**

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
<b>Grand Total</b>				

**CARRIER INFORMATION**

Handling Unit		Package			Commodity Description				LTL Only			
Qty	Type	#	DIMENSION	Weight	HAZ (X)	Commodity Description				NMFC No.	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 NMFC item 360					

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 USC § 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.		<b>Consignee Signature:</b> _____ <b>Date &amp; Time:</b> _____	
<b>Shipper Signature/Date</b>  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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver	<b>Freight Counted:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	<b>Carrier Signature/Pickup Date</b>  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.