UNIFORM STRAIGHT BILL OF LADING

		ORIGINAL – NOT NEGOT					Carrier's Pro No Shipper's Bill of Lading No Consignee's Reference/PO No				
Name of Ca	_{arrier} A	-1 Expr	ess 4520	Maywo	ood Ave.; Ve	ernon, CA 90058		rier's Code (SCA0			
RECEIVED), subject to	individual	v determined	rates or	contracts that	have been agreed u	upon in writing between are available to the st	en the carrier and	d shipper, if a		
From											
Street			City			County		State	Zip		
which said ca be subject to shipper and a	arrier agrees to all the condition accepted for hi	carry to de ons not pro mself and t	estination, if on hibited by law, his assigns.	its route, o	r otherwise to de	liver to another carrier or	of packages unknown) man the route to destination. ng the conditions on the b	Every service to be	performed here	eunder shal	
	to		On C				before consignee's name.			· · · · · · · · · · · · · · · · · · ·	
						·		State	7in		
-					-		Trailer No		• •		
-											
11	•						State	1			
		4									
Handling Units No. Type	Units No. HM (Subject to correction) No. Type						·	Weight (Subject to Correction)	Class or Rate Ref. (For Info. Only)	Cube (Op- tional)	
And the second s				The second secon							
Mark "X" to designate Hazardous Materials as defined in DOT Regulations. NOTE (1) 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:							Freight charges are PREPAID unless marked collect. CHECK BOX IF COLLECT				
"The agreed	or declared va	lue of the p	roperty is speci	fically state	ed by the shipper	to be not exceeding	FOR FREIGHT COLLECT SHIPMENTS:				
pe	per"							If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:			
					damage on c)(1)(A) and	this shipment (B).	The carrier may decling payment of freight and	ne to make delivery all other lawful charg	of this shipmer es.	nt without	
						or stowing must be so 2(e) of NMFC Item 360.			(Signature of Co	onsignor)	
Notify if pro	blem enroute	e or at del	iveryNam	e		Fax No.	Tel. No.	(for infor	mational purp	oses only	
Send freigh	nt bill to: Cor	npany Na	me		City	·	Street	State	Z	ip	
Shipper					-	ier					
		per Certific	ation				Carrier Certification				
packaged, i transportatio	ortify that the above marked and labor according to the	e named mat eled, and a e applicable re	erials are properly re in proper con egulations of the Do	dition for OT.	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 document in the vehicle. Per Package Nos Date						
L ' 3			Dait		Jail					-	