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Bill of Lading	
Date	Load Number

Hotshot	House Hold	Moving	Direct	Regular	After Hours	Weekend	Vehicle Transport	Pick-up	Tractor Trailer	Goose Neck
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shipper:			Consignee:		
Additional Stops:					
Address:			Address:		
City:	State:	Zip Code:	City:	State:	Zip Code:
Arrival:	Departure:		Arrival:	Departure:	
Shipment Prepared By:			C.O.D. <input type="checkbox"/> Third Party Billing <input type="checkbox"/> Direct Invoice <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/>		

No. PCS.	Description	Weight	Rate
		Declare value is \$50 unless specified here:	
		Receive in good condition by: (print)	
		Signature:	
		All Claims must be sent to email address above, no later than 24 hours after signing this box indicating a potential claim. X _____	
		C.O.D. Amount:	
		Total Charges:	