

<b>SHIP FROM</b>		<b>Bill of Lading Number: FBA15C880TDL</b>	
COMPANY NAME 1234 STREET AVE CITY , CA. 91722		<b>Amazon Reference Number: 884KV900</b>	
<b>SHIP TO</b>		<b>Carrier Name: BURNS LOGISTICS</b>	
Golden State FC LLC 1568 N. Linden Ave. Rialto, CA 92376		Trailer number: GH2495	
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>		<b>SCAC: BUNC</b>	
		Pro Number: 2000345	
<b>Special Instructions:</b>		<b>Freight Charge Terms (Freight charges are prepaid unless marked otherwise):</b>	
		Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.	
<b>SHIPMENT DETAILS</b>			
Total Cartons:	00		
Num. Stackable Pallets:	0		
Num. Unstackable Pallets:	1		
Total Shipment Weight:	600 pounds		
Total Shipment Volume:	60.7cubic ft		
Freight Class:	50		
Shipment Type:	LTL		
Total Units:	100		
Declared (Insurable) Value:	1500.00 USD		
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 _____.		<b>COD Amount: \$ _____</b> Fee terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>	
<b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).</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 charges and all other lawful fees. <b>Shipper Signature</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.