



**FREIGHT BILL AND  
B/L COMBINATION**

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**YOUR COMPANY NAME**

Address  
City State Zip  
Phone And Fax  
Advertising Line

DATE

SHIPPERS NO.

SHIPPER

CONSIGNEE

ORIGIN:

DESTINATION:

QUANTITY	DESCRIPTION	WEIGHT	RATE	PREPAID	COLLECT
RECEIVED IN GOOD CONDITION EXCEPT AS NOTED		<b>C. O. D. AMOUNT \$</b>			

COMMENTS	DATE / / 20	SHIPPERS SIGNATURE SUBJECT TO SECTION 7 OF B-L	DRIVERS SIGNATURE
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COMBINED STRAIGHT BILL OF LADING AND/OR FREIGHT BILL  
1- RECEIVED, subject to the classification and tariffs in effect on the date of the issue of this Bill of Lading.

**P.U.C. & I.C.C. REGULATIONS REQUIRE  
PAYMENT WITHIN SEVEN (7) DAYS**