Bill of Lading

					BILL DATE	:		
_	TO.				DILL DAIL			
Consignee			٦	FROM Shipper				
Street			1	Street				
Destination			1	Origin				
City/State/Zip			1	City/State/Zip				
Route:			-	Special Instructions:				
FOR PAYMENT, SEND BILL TO			J	SHIPPER'S INSTRUCTIONS				
Name			٦	SHIFFER 3 INSTRUCTIONS				
Company			 	+				
Street			+	+				
City/State/Zip			+	+				
NO. SHIPPING UNITS TIME DESCI				ARTICLES EXCEPTIONS	WEIGHT	RATE	CHARGES	
		SPECIAL	WANTS &	LACEF HONS				
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REMIT C.O.D.			C.O.D. AMOUNT: \$		C.O.D. FEE PREPAID COLLECT			
TO:			If this shipment is to be delivered to the			TOTAL		
ADDRESS:			consignee without recourse on the consignor, the consignor shall sign the			CHARGES \$		
	ADDICESS.				arrier shall			
				dolivon, of this ch	ninmont			
			without p	delivery of this sh ayment of freight a				
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