Date:

BILL OF LADING

SHIP FROM

Name:
Address:
City/State/Zip
SID#: FOB: ☐

Bill of Lading Number: TTHT - _____

BAR CODE SPACE

SHIP TO

Name: Location#: _____
Address:
City/State/Zip:
CID#: FOB: ☐

CARRIER NAME: SHAAN TRUCK LINES
Trailer Number:
Seal Number(s):

SCAC: TTHT
Pro Number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO

Name:
Address:
City/State/Zip:

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)
Prepaid:_____ Collect:_____ 3rd Party:_____

SPECIAL INSTRUCTIONS:

☐ **Check box** **Master Bill of Lading with attached underlying Bills of Lading**

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER#	HM (X)	COMMODITY	WEIGHT	PALLETS/PCS	CLASS	ADDITIONAL INFO
GRAND TOTAL						

HANDLING UNIT		PACKAGE		CARRIER INFORMATION			
QTY	TYPE	QTY	TYPE	WEIGHT	NMFC#	HM (X)	COMMODITY
							GRAND TOTAL

Where the rate is dependable value, shippers are required to state specifically in writing the agreed or declared value of the property, otherwise considered at **$2.00** per **LB**

COD Amount: $ _____
Fee Terms: **Collect** ☐ **Prepaid** ☐
Customer check acceptable ☐

Note: Liablility Limitation for loss or damage in this shipment may be applicable, See 49 USC 14706 (c)(1)(A) and (B)

Received: Subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwisae to the rates, classifications and rates that have been established by the carrier and are available to the shipper.

Shipper Signature/Date _____

This is to certify that the above named materials are properly classified, pckaged, marked and labeled, and are in good condition for transportation according to applicable regulations

Trailer Loaded and Freight Counted by Shipper ☐

Carrier Signature/Pick Up Date _____

Carrier acknowledges receipt of packages and required placards and emergency response guidebook, if applicable. Property described above is received in good porder, except as stated.