

II. The Standard Bill of Lading Form

VICS Standard BOL: WWW.VICS.ORG For Complete VICS BOL Guideline information

Date:		BILL OF LADING				Page		
SHIP FROM				Bill of Lading Number:				
Name: Address: City/State/Zip: SID#: FOB: <input type="checkbox"/>				CARRIER NAME:				
SHIP TO				Trailer number: Seal number(s):				
Name: Location #: Address: City/State/Zip: CID#: FOB: <input type="checkbox"/>				SCAC: Pro number:				
THIRD PARTY FREIGHT CHARGES BILL TO:				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i>				
Name: Address: City/State/Zip:				Prepaid _____ Collect _____ 3 rd Party _____				
SPECIAL INSTRUCTIONS:				<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading <small>(check box)</small>				
CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
				Y	N			
				Y	N			
				Y	N			
				Y	N			
GRAND TOTALS								
CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
GRAND TOTAL								
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 _____"				COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>				
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 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, 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 freight and all other lawful charges. _____ Shipper Signature				
SHIPPER SIGNATURE / DATE		Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces		CARRIER SIGNATURE / PICKUP DATE		
<small>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.</small>						<small>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.</small>		

SUPPLEMENTAL BAR CODE AREA
RECEIVING STAMP AREA

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Date: SUPPLEMENT TO THE BILL OF LADING Page Bill of Lading Number: _____

Table with columns: CUSTOMER ORDER NUMBER, # PKGS, WEIGHT, PALLET/SLIP (CIRCLE ONE), ADDITIONAL SHIPPER INFO. Includes a shaded row for PAGE SUBTOTAL.

Table with columns: HANDLING UNIT (QTY, TYPE), PACKAGE (QTY, TYPE), WEIGHT, H.M. (X), COMMODITY DESCRIPTION, LTL ONLY (NMFC #, CLASS). Includes a shaded row for PAGE SUBTOTAL.

SUPPLEMENTAL BAR CODE AREA