ON	TRLR	PCS
CKR	DEST	DATE

http://www.crawfordtransportation.com

UNIFORM STRAIGHT BILL OF LADING

ORIGINAL – NOT NEGOTIABLE

CARRIER IS CRAWFORD TRANSPORTATION & MORE INC.

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.

Date:	
From shipper:	*To Consignee:*
Address:	*Address:*
City: *State* *Zip code*	*City:* *State* *Zip code*

Third Party Bill To:

Address:

City: *State* *Zip code*

SHIPPER NO.

PURCHASE ORDER NO.

QUOTE NO.

HAZ MAT EMERGENCY PHONE NUMBER

C.O.D. TOTAL AMOUNT $_____

Carrier may decline to make delivery without payment of freight & other lawful charges. Signature of Consignee_____

Check Appropriate Box:
Certified Check ☐ Company Check☐

C.O.D. FEE TO BE PREPAID ☐ COLLECT ☐

REMIT C.O.D. TO:

ADDRESS:

City: *State* *Zip code*

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT
CHECK BOX IF COLLECT ☐

	Mark "X" to designate Hazardous Materials as defined in DOT Regulations				
QTY	HM	KIND OF PACKAGES, DESCRIPTION OF ARTICLES, SPECIAL MARKERS AND EXCEPTIONS	NMFC #	CLASS	WEIGHT (LB) SUBJ. TO CORR.
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
	☐				
		SHRINK-WRAP INTACT: YES ☐ NO ☐			

*NOTE(1) WHERE THE RATE IS DEPENDANT ON VALUE SHIPPERS ARE REQUIRED TO STATE IN WRITING THE AGREED OR DECLARED VALUE AS FOLLOWS: "AGREED OR DECLARED VALUE OF THE PROPERTY IS SPECIFICALLY STATED BY THE SHIPPER TO NOT EXCEEDING_____PER_____." *NOTE(2) LIABILITY LIMITATION FOR LOSS OR DAMAGE ON THIS SHIPMENT MAY BE APPLICABLE. SEE 49 U.S.C. ~14706(C)(1)(A) AND (B). *NOTE(3) COMMODITIES REQUIRING SPECIAL CARE OR ATTENTION IN HANDLING OR STOWING MUST BE MARKED AND PACKAGED TO ENSURE SAFE TRANSPORTATION WITH ORDINARY CARE, SEE SEC 2(E) OF NMFC ITEM 360.

NAME FAX NO. TEL NO.

NOTIFY IF PROBLEM EN ROUTE OR AT DELIVERY_____FOR INFORMATIONAL PURPOSES ONLY

SHIPPER_____ CARRIER_____ DRIVER'S NAME_____ DATE_____

PER_____ DATE_____ TRAILER #_____PIECE COUNT_____

Shipper Certificate: This is to certify that the above materials are properly classified, packaged, marked and labeled, and in proper condition for transportation according to applicable regulations of the DOT	Carrier Certificate: Carrier acknowledges receipt of packages and required placards. Carrier emergency response material was made available and/or the Carrier has the DOT emergency response guidebook or equivalent document in the vehicle.
SHIPPER CERTIFICATE PER_____ DATE_____	PER_____ DATE_____ PACKAGE NO'S_____