Date:						BI	LL O)F LAD	DING		Page:	
			S	SHIP FROM					Bill of Lading N	umber:		
Name: Address:								Master Bill of Lading: with attached				
City/State/Zip:								(check box) underlying Bills of Lading				
SID#: FOB:							CARRIER NAME: ESTES EXPRESS SCAC: EXLA Trailer Number:					
SHIP TO Name: Location #:								Seal Number(s)				
Name: Location #: Address:									PRO Number:			
Address: City/State/Zip:												
CID#:							F	0B:				
Name		'HIRD P/	ARTY FR	REIGHT CHA	RGES BII	LL TO:						
Addre												
-	tate/Zip:											
	SPECIAL								Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
INSIL	RUCTIONS								Prepaid	Collect	3 rd Part	ty
				ļ		CUST		ORDER INFO				,
CUS	TOMER ORDE	RNUM	BER	#PKGS	WEIGH	н	PALLE	ET/SLIP		ADDITIONAL SHIPP	'ER INFO	
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				[<u>t</u>				
GRAN	D TOTAL						ARRIE	R INFORMA	ΤΙΟΝ			
HAN	DLING UNIT	Р	PACKAGE				СОМ	MODITY DESCRIF		LTL ON	NLY	
۵TY	TYPE			'PE W	/EIGHT	IT H.M. (X)			ial or additional care or attention in ensure safe transportation with or of NMFC Item 350		NMFC#	CLASS
							\top					
							+					
				-+			+					
									GRAND TOTAL	S		
	NOT	E: Liabil	lity Limi [.]	tation for lo	ss or dam	age on	this shi	ipment may	be applicable. <i>See</i> 4	19 U.S.C. § 14706 (c)(1	I)(A) and (B).	
	Value WA	ARNING:	Additior	nal and/or ma ply. Refer to	aximum lia	ability	limitatio	ons or other				
Full Valu for furth shipmen	ie Coverage Dec er details, includ	lared or R ding provisereby decl	Released N isions in it lares that	Value WARN tem 350. The s that the value	ING : Additi shipper may of this ship	ional an / reques oment do	id/or max t "Full Va ies not ex	kimum liability alue Coverage xceed \$	/ limitations or other re " as provided for in iten If no value is ente	strictions may apply. Re n 350, Section 3, by india ered, the lowest applica	cating here the valu	ie of the entire
SHIPPER SIGNATURE/DATE Trailer Loaded Freight Counted CARRIER SIGNATURE/PICKUP DATE This is to certify that the above named materials are properly classified described, Description Description									ards Carrier			
marked an	d labeled, and are in pro regulations of the U.S. D	per condition f				By Shipp By Driver		By Shippe		certifies emergency response information was made available and/or carrier has the U.S. DOT emergency response guidebook or equivalent documentation		
מאָרָאָראָטאָר רפּעַטאַר אין איז						<i>,</i> , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		By Driver	allets said to contain in the vehicle.			
								,		Property describedabove is rece	eived in good order, except as	s noted.

Date:			S	UPP	LEME	NT 1	FO		BILL OF LADING Bill of Lading Number:	Page:	
						CUSTOM	IER O	RDER INF	ORMATION		
CUS	CUSTOMER ORDER NUMBER # F				# PKGS WEIGH			T/SLIP N	ADDITIONAL SHIPP	PER INFO	
	PAGE SUB	TOTAL									
						CA	RRIE	R INFORN	IATION		
	HANDLING UNIT PA					H.M.	Comm	COMMODITY DESCRIPTION Commodities requiring special or additional care or attention in handling or stowing must be			
QTY	TYPE	ΩΤΥ	TYP	Ϋ́Ε	WEIGHT	(X)	marke	marked and packaged as to ensure safe transportation with ordinary care. See Section 2/c of NMFC Item 350		NMFC#	CLASS
							\vdash				
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								PAGE SUBTOTALS			