

**SHIPPER PLEASE NOTE**

**FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT**

STRAIGHT BILL OF LADING - ORIGINAL - NOT NEGOTIABLE



ABF FREIGHT SYSTEM, INC.  
P.O. BOX 10048  
FORT SMITH, AR 72917  
800-610-5544 ABFS

abf.com

PLACE PRO LABEL HERE

Shipper's Bill of Lading No. \_\_\_\_\_

Consignee's Reference/PO No. \_\_\_\_\_

On "Collect On Delivery" shipments, the letters "COD" must appear before consignee's name or as otherwise provided in item 430, Sec. 1.

**CONSIGNEE**

TO:  
NAME PLUS  
STREET  
CITY/ST/ZIP

Check box if consignee contact required prior to delivery. Consignee telephone \_\_\_\_\_

TRAILER NUMBER \_\_\_\_\_

B/L DATE \_\_\_\_\_

ROUTE \_\_\_\_\_

SPECIAL INSTRUCTIONS \_\_\_\_\_

**SHIPPER**

FROM:  
NAME PLUS  
STREET  
CITY/ST/ZIP

**FOR PAYMENT, SEND BILL TO:**

NAME  
STREET  
CITY/ST/ZIP

Collect on Delivery \$ \_\_\_\_\_ and remit to \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Carrier must collect cash, money order, bank cashier's check, or bank-certified check unless shipper signs here to accept company check.

C.O.D. charge Shipper   
to be paid by Consignee

Signed: \_\_\_\_\_

| Hdg Units No. Type | Packages No. Type | * HM | Kind of Package, Description of Articles, Special Marks and Exceptions (Subject to correction) | Weight (Subj to Correction) (LBS) | Class or Rate Ref. (For Info. Only) | Cube (Optional) (CuFT) |
|--------------------|-------------------|------|--|-----------------------------------|-------------------------------------|------------------------|
|                    |                   |      |  |                                   |                                     |                        |

\* Mark "X" to designate Hazardous Materials as defined in DOT Regulations.

NOTE (1) 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 \_\_\_\_\_."

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A)(B).

NOTE (3) 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 Sec. (2)e of NMFC item 360.

Notify if problem enroute or at delivery

Name \_\_\_\_\_ Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_ (for informational purposes only)

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. Every service to be performed hereunder shall be subject to all terms and conditions of the uniform bill of lading set forth in the National Motor Freight Classification. The shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. See Item 780-1 of ABF 111 rules for general liability limitations and for additional coverage available at additional expense.

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation, according to the applicable regulations of the Department of Transportation. Additionally, by signature on this bill of lading, Shipper authorizes consent to the Transportation Security Administration (TSA) to screen the shipment when transportation of the shipment requires movement via an air carrier.

Freight charges are PREPAID unless marked collect  
**CHECK BOX IF COLLECT**

**FOR FREIGHT COLLECT SHIPMENTS:**  
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:  
The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges  
\_\_\_\_\_  
(Signature of Consignor)

SHIPPER  
PER (SIGNATURE REQUIRED)

CARRIER **ABF FREIGHT SYSTEM, INC.**  
PER \_\_\_\_\_ DATE \_\_\_\_\_  
Driver signature only acknowledges receipt of freight