

UNIFORM HOUSEHOLD GOODS BILL OF LADING AND FREIGHT BILL

MC ICC

CARRIER ORDER NO.

SHIPPER _____ PHONE _____ LOADING ADDRESS _____ CITY _____ STATE _____ COUNTY _____	CONSIGNEE _____ PHONE _____ DELIVERY ADDRESS _____ CITY _____ STATE _____ COUNTY _____
COMMODITY DESCRIPTION _____ CONTAINERIZED HOUSEHOLD GOODS -TRANSPORTATION ONLY-	DATE LOADED _____ AGREED DELIVERY PERIOD _____

SUBJECT TO THE FOLLOWING CHARGES & CONDITIONS

1. Rates, Rules & Regulations in _____ Tariff No. _____ MF-I.C.C. No. _____ Sec. _____ in effect on date hereof.
2. Charges payable in Cash, Money Order or Certified Check on loading Delivery or Charge _____
3. All terms printed or stamped hereon or on the reverse side of the original Bill of Lading. [Extra Pickup or delivery address. _____]

SHIPPER NOTIFICATION ADDRESS:

SHIPPER _____ PHONE _____
 ADDRESS _____
 CITY _____ STATE _____ COUNTY _____

SHIPMENT WEIGHT:

UNIT NO. _____ VEHICLE LOAD MANIFEST NO. _____

GROSS WEIGHT _____ TARE WEIGHT _____ NET WEIGHT _____

SHIPPER: The tare weight of the vehicle must be entered on above line prior to loading your shipment on the vehicle.

UNLESS THE SHIPPER EXPRESSLY RELEASES THE SHIPMENT TO A VALUE OF 60 CENTS PER POUND PER ARTICLE, THE CARRIER'S MAXIMUM LIABILITY FOR LOSS AND DAMAGE SHALL BE EITHER THE LUMP SUM VALUE DECLARED BY THE SHIPPER OR AN AMOUNT EQUAL TO \$1.25 FOR EACH POINT OF WEIGHT IN THE SHIPMENT, WHICHEVER IS GREATER. THE SHIPMENT WILL MOVE SUBJECT TO THE RULES AND CONDITIONS OF THE CARRIER'S TARIFF. SHIPPER HEREBY RELEASES THE ENTIRE SHIPMENT TO A VALUE NOT EXCEEDING. \$ _____

NOTICE: THE SHIPPER SIGNING THIS CONTRACT MUST INSERT IN THE SPACE ABOVE, IN HIS OWN HANDWRITING, EITHER HIS DECLARATION OF THE ACTUAL VALUE OF THE SHIPMENT OR THE WORDS 60 CENTS PER POUND PER ARTICLE. OTHERWISE THE SHIPMENT WILL BE DEEMED RELEASED TO A MAXIMUM VALUE EQUAL TO \$1.25 TIMES THE WEIGHT OF THE SHIPMENT IN POUNDS.

DATE _____ SHIPPER _____
 SHIPMENT RECEIVED SUBJECT TO TERMS & CONDITIONS, AND SHIPPERS DECLARATION AND CONDITION AS NOTED HEREON.
 DATE _____

ORIGIN AGENT _____ CODE NO. _____
 AGENT _____ DRIVER _____ CODE NO. _____

ADDRESS _____ PHONE _____
 CITY _____ STATE _____

SECOND HAULER BY: _____ CODE NO. _____
 AGENT _____ DRIVER _____ CODE NO. _____

ADDRESS _____ PHONE _____
 CITY _____ STATE _____ ZIP _____

DESCRIPTION OF SERVICES	RATE	CHARGES
Transportation Milage _____ Mi.		
Add'l Transp. Charges _____		
Valuation Chges. at \$.50 per \$100.00 _____		
Waiting time _____ Hrs. at _____ Per Hr.		
Extra Pickup or Delivery _____		
Pier Pickup <input type="checkbox"/> or Delivery <input type="checkbox"/>		
Other charges (Explain) _____		
TOTAL CHARGES ↘		

IF THE SHIPPER HAS ADDED TO THE ESTIMATED SERVICES TO BE PERFORMED (AT ORIGIN, OR DESTINATION) SO AS TO CAUSE EXCESS CHARGES; SHIPPER MUST PAY 110% OF THE ESTIMATED CHARGES WHERE APPLICABLE PLUS, THE EXCESS SERVICES ADDED.

AMOUNT OF ESTIMATED CHARGES \$ _____ 110% OF ESTIMATED CHARGES\$ _____

CONTAINER INFORMATION						
PIECE NO.	CUBE	CONTAINER CONDITION		GROSS	TARE	NET
		AT ORIGIN	AT DEST.			
TOTALS ↘						

PLEASE NOTE: The carrier assumes no liability whatsoever for articles of extraordinary value as defined in its terms and conditions on the reverse unless specifically listed & declared below.

QUANTITY	DESCRIPTION	DECLARED VALUE

THE ABOVE DESCRIBED SHIPMENT WAS RECEIVED IN GOOD CONDITION EXCEPT AS NOTED HEREON

BILL OF LADING NO.

DATE DELIVERED _____ CONSIGNEE _____ DRIVER _____
 NON-NEGOTIABLE