No Name Logistics, Inc.

Ph. 561-312-4440 ~ Fx. 561-828-9221

Date: **Pro#:**

Straight Bill of Lading

B/L NO.

SHIPPER (ORIGIN)	CONSIGNEE (DESTINATION)
Name:	**Name:**
Adress:	**Adress:**
City/St/Zip	**City/St/Zip**
Phone	**Phone**

BILL TO		SPECIAL INSTRUCTIONS:
Name:	No Name Logistics, Inc	
Adress:	301 Clematis St-Ste 3000	
City/St/Zip	West Palm Beach, FL 33401	
Phone	561-312-4440	

Handling Units	HU Type	Packages	PKG Type	HM	Discription of Artivles, Special Marks & Exceptions	NMFC#	Class	Weight Lbs.
					Total for All Pages:			

Hazardous Material Emergency Contact:

Freight Terms:
- ☐ Prepaid
- ☐ Collect
- ☒ Third Party

C.O.D. Amount
- ☒ Prepaid
- ☐ Collect
- ☐ Customer Check Acceptable

DECLARED VALUE: 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 _____.

PO#

Shipper #

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. The property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown above, which said carrier agrees to carry to destination, if on its route, or other wise deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all bill of lading terms and conditions in the governing classification on the date of the shipment. Shipper hereby certifies that he is hereby familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

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.

SHIPPER COMPANY NAME	CARRIER	CONSIGNEE	Trailer Loaded ☐ By Shipper ☐ By Driver
SHIPPER SIGNATURE DATE	DRIVER SIGNATURE DATE	CONSIGNEE SIGNATURE DATE	Freight Counted ☐ By Shipper ☐ By Driver / pallets said to contain ☐ By Driver/Pieces