

STRAIGHT BILL OF LADING

ABERDEEN EXPRESS, INC.

FREIGHT CHARGES:

DATE:

B/L #: PO#:	<p align="center">COD</p> <p align="right">COD Fee:</p>
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SHIPPER (FROM): Name: Address: City: State: Zip Code:	CONSIGNEE (TO): Name: Address: City: State: Zip Code:
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BILL TO (PAYOR): Name: Address: City: State: Zip Code:	REMIT TO (COD): Name: Address: City: State: Zip Code:
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Pieces	Haz (Y/N)	Description	Type	NMFC No.	Class	Weight (lbs)

Special Instructions:

HAZARDOUS MATERIALS EMERGENCY CONTACT:

"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 AND THE NATIONAL MOTOR FREIGHT CLASSIFICATION."

SERVICES ARE SUBJECT TO THE TERMS, CONDITIONS, RATES, AND CHARGES STATED IN ABERDEEN EXPRESS, INC. TRUCKING TARIFFS. VISIT WWW.ABERDEENEXPRESS.COM FOR MORE INFORMATION.

SHIPPER:	Date:	# of Pieces:
AUTHORIZED SIGNATURE: (Shipper) _____	Carrier:	
AUTHORIZED SIGNATURE: (Shipper) _____	Authorized Signature: (Driver)	