## Straight Bill of Lading : Moore Freight Service

BOL #	BILL DATE			20					
SHIP TO					FROM				
Consignee Name				Shipping Name					
Company				Company					
Street				Origin					
City, ST, Zip				City, ST, Zip					
Phone					Phone	<u>r</u>			
BILLING INFORMATION				I	L	OR SPECIAL	INSTRI	CTIONS	
Name				I	SHIFFING	OK SELVIN	L INO LIVO	CIONS	
Company									
Street									
City, ST, Zip					l İ				
NO. SHIPPING UNITS	PKG TYPE	нм	DESCRIPTI	I ION OF AF	RTICLES	WEIGHT	RATE	CHARGES	
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								1.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	
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If this shipment is to be deliver recourse on the consignor, the statement: The carrier shall no without payment of freight and	following				TOTAL CHARGES \$				
(Signature of Consignor)									
NOTE: Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding  \$ per								Freight Charges are collect unless Box is Marked Prepaid  CHECK IF PREPAID	
issue, if applicable, otherwise to rai  The property described above is in agreed as to each carrier of all or	tes, classifications a apparent good order any of said proper performed hereunde	and rules er, except rty, over a er shall be	that have been es t as noted. If on it all or any portion e subject to all the	stablished its route, of of sald ro Bill of Lac	by the carrier are therwise to delivoute to destination ding terms and c	nd are available t rer to another car on and as to eac conditions in the	to the shipper rrier on the rou ch party at an governing cla	ute to said destination. It is mutually ny time interested in all or any said assification on the date of shipment.	
Shipper Company				Carrier					
Per				Tı	railer#		Date		
							<u>.                                    </u>		
Shipper Signature									