CONCEPT FREIGHT & LOGISTICS, INC.

"Consider the Concept"

14112 Arbor Place
Cerritos, CA 90703
Phone: (562) 229-1535
Fax (562) 229-1595

DATE

SCAC CODE **CFLR**

SHIPPERS NUMBER

PURCHASE ORDER NUMBER

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading.

FROM:

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of said delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this a motor carrier shipment.

Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of the shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

COLLECT ON DELIVERY

$ _____

➡ INDICATE **YES** IF CUSTOMER CHECK ACCEPTABLE ☐

On Collect on Delivery Shipments, the letters "C.O.D." must appear before consignee's name or as otherwise provided in Item 430 Section 1, National Motor Freight Classification.

"The fibre boxes used for this shipment conform to the specifications set forth in box maker's certificate thereon and all other requirements of the National Motor Freight Classification."

WHEN REQUESTING COD COLLECTION
PLEASE INDICATE CONSIGNEE'S PHONE NUMBER ( ) _____

CONSIGNED TO

ADDRESS

CITY STATE ZIP

DELIVERING CARRIER

HAZARDOUS MATERIALS SECTION

- MARK "X" IN "HM" COLUMN FOR HAZARDOUS MATERIALS
- MSDS PROVIDED YES ☐ NO ☐
- TECHNICAL NAMES ARE REQUIRED FOR "N.O.S." AND OTHER GENERIC DESCRIPTIONS FOR ALL HAZARDOUS MATERIALS ITEMS.
- 24 HOUR EMERGENCY RESPONSE TELEPHONE NUMBER FOR ALL HAZARDOUS MATERIALS. ( )

NO. PKGS.	HM	DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS	CLASS	* WT. (SUB TO COR)	TALLY

DEST	TRL

PLEASE INDICATE HERE IF SINGLE SHIPMENT ☐

This is to certify that the above-named materials are properly classified, described, packages, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

"If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is carrier's or shipper's weight."

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

"Unless a greater value is declared herein, the shipper agrees and declares that the value of the property is released to a value not exceeding C $25.00 per pound per package.

FAILURE TO PAY BILLED CHARGES MAY RESULT IN A LIEN ON FUTURE SHIPMENTS.

THIRD PARTY BILLING INSTRUCTIONS:

SHIPPER MUST INDICATE BELOW "COLLECT" OR "PREPAID"

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.
The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

AGENT, PER _____
(This Bill of Lading is to signed by the shipper and agent of the carrier issuing same)

SHIPPER PER _____ NUMBER OF PIECES _____ DATE ___/___/___

PERMANENT ADDRESS OF SHIPPER

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