



WHSE. NO. 04450 _____

TO REORDER CALL: (800) 438-0162

BL 8.5-3 7/93



Cargo-Link Express
881 So. 3760 West
Salt Lake City, UT 84104
Tel# 800-656-9336

NAME OF CARRIER

STRAIGHT BILL OF LADING — SHORT FORM — ORIGINAL — Not Negotiable

CARRIER'S NO. _____

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

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 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 all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Official, Southern, Western and Illinois Freight Classifications in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment.

SHIPPER'S NO. _____

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 this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

FROM _____ **AT** _____ **DATE** _____

(Mail or Street address of consignee - For purposes of notification only.)

CONSIGNEE TO _____

DESTINATION _____ **STATE** _____ **COUNTY** _____

DELIVERY ADDRESS _____ (To be filled in only when shipper desires and governing tariffs provide for delivery thereat.)

ROUTE		DELIVERING CARRIER	VEHICLE OR CAR INITIAL & NO.			Subject to Section 7 of conditions of applicable bill of lading, 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.
No. Packages	HM	Kind of Package, Description of Materials, Special Marks, and Exceptions	Weight (Sub. to Corr.)	Class or Rate	Ck. Col.	
						(Signature of Consignor)
						If charges are to be prepaid, write or stamp here, "To be Prepaid."
						Rec'd \$ _____ to _____ apply in prepayment of the charges on the property described hereon.
						Agent or Cashier
						Per _____ (The signature here acknowledges only the amount prepaid.)
						Charges Advanced \$ _____
						Shipper's imprint in lieu of stamp; not a part of bill of lading approved by the Interstate Commerce Commission.
						The Fibre Boxes used for this shipment conform to the specifications set forth in the box maker's certificate thereon, and all other requirements of Rule 41 of the Consolidated Freight Classification.
						C.O.D.

EMERGENCY RESPONSE PHONE NUMBER: _____

†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 applicable regulations of the Dept. 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

_____ Shipper, Per _____ **1** _____ Agent, Per _____

Permanent Post Office Address of Shipper _____

When transporting hazardous materials include the technical or chemical name for n.o.s. (not otherwise specified) or generic description of material with appropriate UN or NA number as defines in USDOT Emergency Response Communication Standard HMI26C. Provide Emergency Response Phone Number in case of incident or accident.