

II. The Standard Bill of Lading Form

VICS Standard BOL: WWW.VICS.ORG For complete VICS BOL guideline information

Date: _____		BILL OF LADING				Page _____			
SHIP FROM						Bill of Lading Number: _____ BAR CODE SPACE			
Name: _____		Address: _____							
City/State/Zip: _____		SID#: _____				FOB: <input type="checkbox"/>			
SHIP TO						Carrier Name: _____ Trailer number: _____ Seal number(s): _____			
Name: _____		Location #: _____							
Address: _____		City/State/Zip: _____				SCAC: _____			
CID#: _____		CID#: _____				Pro number: _____			
THIRD-PARTY FREIGHT CHARGES BILL TO:						BAR CODE SPACE			
Name: _____		Address: _____							
City/State/Zip: _____		SPECIAL INSTRUCTIONS: _____				Freight Charge Terms: <i>(freight charges are prepaid unless marked otherwise)</i> Prepaid _____ Collect _____ 3rd Party _____			
						<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading			
CUSTOMER ORDER INFORMATION									
CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO.			
				Y N					
				Y N					
				Y N					
				Y N					
GRAND TOTAL									
CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	H.M. X	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>		LTL ONLY	
QTY	TYPE	QTY	TYPE					NMFC #	CLASS
								RECEIVING	
								STAMP SPACE	
								GRAND TOTAL	
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 _____.						COD Amount: \$ _____ Fee Terms: Collect <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/>			
NOTE: Liability limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. B 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, and to all applicable state and federal regulations.						The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.			
SHIPPER SIGNATURE / DATE 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. _____ (Signature) _____ (Date)						Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver / pallets said to contain <input type="checkbox"/> By Driver/Pieces			
						CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>Property described above is received in good order, except as noted.</i> _____ (Signature) _____ (Date)			

