



## STRAIGHT BILL OF LADING

ORIGINAL — NOT NEGOTIABLE

"Serving Vermont Since 1929"

|             |                    |                                                   |
|-------------|--------------------|---------------------------------------------------|
| DATE:       | BILL OF LADING NO: | CARRIER NAME:<br>Carpenters Motor Transport, Inc. |
| TRAILER NO: | SEAL NUMBER(S):    | SCAC:<br>CDCA                                     |

|                                                                                               |                                                                                               |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <b>SHIP FROM (Shipper)</b><br>Name:<br><br>Address:<br><br>City/ST/Zip:<br><br>Contact/Phone: | <b>SHIP TO (Consignee)</b><br>Name:<br><br>Address:<br><br>City/ST/Zip:<br><br>Contact/Phone: |
| <b>SPECIAL INSTRUCTIONS:</b>                                                                  | <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b><br>Name:<br><br>Address:<br><br>City/ST/Zip:      |

|                                                                                                                                   |                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|
| <b>FREIGHT CHARGES BILL:</b> <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> 3RD PARTY | <b>MASTER BILL OF LADING:</b> <input type="checkbox"/> YES <input type="checkbox"/> NO |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|

| HANDLING UNITS | PKG TYPE | QTY | WEIGHT (LBS) | T.L.                     | KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS | NMFC # | CLASS |
|----------------|----------|-----|--------------|--------------------------|---------------------------------------------------------|--------|-------|
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
|                |          |     |              | <input type="checkbox"/> |                                                         |        |       |
| TOTALS:        |          |     |              |                          |                                                         |        |       |

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. The property described above, in apparent good order, except as noted.

|                                                                                                                                                      |                                                                                                                                                                             |                                                                                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>SHIPPER SIGNATURE / DATE</b><br><br><br>This is to certify that the above named materials are properly classified, packaged, marked, and labeled. | <b>CARRIER / DRIVER SIGNATURE / DATE</b><br><br><br>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response info was provided. | <b>CONSIGNEE SIGNATURE / DATE</b><br><br><br>Received in good condition except as noted. |
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