

Bill of Lading

Shipping Information**BOL Number**

Date

Carrier Name

Carrier Phone

Shipper**Company Name****Address****City, State, ZIP****Contact****Consignee****Company Name****Address****City, State, ZIP****Contact****Shipment Details**

Package Type	Quantity	Description of Goods	Weight	Dimensions	NMFC#	Class

Total Pieces

Total Weight

Special Instructions

Shipper Signature / Date

Carrier Signature / Date
