

BILL OF LADING DELIVERY ORDER

Ship From				Bill Of Lading / Booking Number: DP01209					
Name: Upali Siriwardane Address 1: 2309 Azalea Drive - Address 2: City/State/Zip: RUSTON, Louisiana 71270 Contact: Upali Siriwardane Phone: (318)278-2272 Fax: (318)278-2272 Hours: - Call for Appt:				Carrier Name: SOUTHEASTERN FRT LNS Trailer Number: Seal Number(s): Quote Number: Reference No:					
Ship To				SCAC: SEFL Pro number:					
Name: CTL C/O SOUTHWEST FRT INC. (NEW ORLEANS) Address 1: 12301 OLD GENTILLY ROAD Address 2: City/State/Zip: NEW ORLEANS, LA 70129 Contact: Receiving manager Phone: 212-203-4002 Fax: Hours: 8:30 AM - 3:30 PM Call for Appt:				Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: ____ Collect: ____ 3rd Party: __X__					
Third Party Freight Carges Bill To:				<input type="checkbox"/> Master Bill Of Lading with attached underlying (check box) Bill Of Lading					
Name: SHIPPING QUEST C/O CTS Address: P.O. BOX 441326 City/State/Zip: KENNESAW, GA 30160				IT No: Master BOL: PU No:					
Special Instructions:									
Freight ready 4/26/2017 Shipper has BL / Boxes labeled / Curbside / Shipper will load / Must call prior to pickup / Residential pickup Deliver with # CTL1739274									
Customer Order Information									
Customer Order Number.		# Pkgs		Weight		Pallet/Slip		Additional Shipper Info	
0		0		0		0		0	
0		0		0		0		0	
0		0		0		0		0	
0		0		0		0		0	
0		0		0		0		0	
Grand Total		0		0 lbs					
Carrier Information									
Handing Unit		Package		HM	Weight (lbs)	Stack	Comodity Description	LTL Only	
Qty	Type	Qty	Type					NMFC	Class
20	Loose	20	Boxed		800	0	Personal Effects - Release value 10ct per pound Dims: 18 x 18 x 24		100
1		20			800		Total Cube: 15.63 cu ft - 11.52 pcf	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: \$0.00 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 - 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 shipper hereby certifies that he/she is familiar with all terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the that thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.							The Carrier shall not make delivery of this shipment without payment of freight and all other lawful charges _____ Shipper Signature		
Shipper Signature / Date				Trailer Loaded: Freight Counted:		Carrier Signature / Pickup Date			
This is to certify that the above named materials are properly classified, described, packed, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of Department of Transportation.				<input type="checkbox"/> By shipper <input type="checkbox"/> By shipper <input type="checkbox"/> By shipper <input type="checkbox"/> By shipper		Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the Department of Transportation emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.			