



CHECK BOX IF COLLECT   
 GUARANTEED DELIVERY (WARD ASSURED)  
 AM  PM   
 TIME DEFINITE: \_\_\_\_\_

STRAIGHT BILL OF LADING  
 ORIGINAL - NOT NEGOTIABLE

PLACE PRO LABEL HERE

**BILL OF LADING NUMBER**

DATE \_\_\_\_\_ P.O. NO. \_\_\_\_\_ SHIPPER NO. \_\_\_\_\_

<b>SHIPPER (FROM):</b>		<b>CONSIGNEE (TO):</b>	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
SHIPPER PHONE NO.:		CONSIGNEE PHONE NO.:	
<b>▼ BILL THIRD PARTY FREIGHT CHARGES TO: ▼</b>		<b>COD AMOUNT (1) (Please fill out all 4 sections)</b>	
NAME/COMPANY		COD FEE: (2) <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	
ADDRESS		IS CUSTOMER'S CHECK (3) ACCEPTABLE FOR COD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP		REMIT COD TO: (4)	
ATTN:		ADDRESS:	
COMMENTS:		CITY: _____ STATE: _____ ZIP: _____	

**FULL VALUE INSURANCE REQUESTED - Check Here**  **INVOICE VALUE: \$** \_\_\_\_\_ (To elect Full Value Insurance you must both check box & Insert Invoice Value)

ROUTE					
NUMBER SHIPPING UNITS	HM*	Kind of Packaging, Description of Articles, Special Marks and Exceptions	NMFC No.	CLASS	WEIGHT (LBS) (Subject to Corrections)

**HAZARDOUS MATERIALS EMERGENCY CONTACT NUMBER:**

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 \_\_\_\_\_

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.  
 \_\_\_\_\_ (Signature of Consignor)

UNLESS OTHERWISE INDICATED IN AGREEMENTS BETWEEN BOTH PARTIES ON FILE AT WARD TRUCKING, CURRENT WARD TRUCKING 110 RULES TARIFF SHALL APPLY FOR SERVICES PROVIDED HEREON.

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGE MARKED, AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE NATIONAL MOTOR FREIGHT CLASSIFICATION, SHOWN IN THE NMFC 100 SERIES.

Shipper hereby certifies that he understands that all transportation by WARD shall be subject to terms and conditions of the Bill of Lading contract shown in the NMFC 100 series, and these terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. In case of a conflict the Ward B.O.L. governs.

CARRIER: **WARD TRUCKING LLC**

SHIPPER: \_\_\_\_\_ DATE: \_\_\_\_\_ H/U RECEIVED: \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_ AUTHORIZED SIGNATURE: \_\_\_\_\_

\* Mark "X" in "HM" Column For Hazardous Materials

WARD (SCAC)