


Date

BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

SHIP FROM		Bill of Lading Number:		
SHIP TO		Carrier Name: Thor Xpress Trailer number: Serial number(s):		
THIRD PARTY FREIGHT CHARGES BILL TO		SCAC: TAHH Pro Number:		
				
Special Instructions:		Freight Charge Terms (Freight charges are prepaid unless marked otherwise): Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.		
Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)	Additional Shipper Information
			Y N	
			Y N	
Grand Total				
CARRIER INFORMATION				
Handling Unit		Package		LTL Only
Qty	Type	Qty	Type	NMFC No. Class

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 Prepaid Customer check acceptable

Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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.

All transactions are governed under Thor Xpress Transport, LLC terms and conditions. A copy is available upon request or on our website at www.ThorXpress.com

Shipper Signature/Date

This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Freight Counted:

- By shipper
- By driver/pallets said to contain
- By driver/pieces

The Goods received described have been received in good order except as follows:

Consignee Signature _____

Printed _____

Date _____

Time _____