



JUST DRIVE™

4920 ENTERPRISE PARKWAY
 SEVILLE, OH 44273
 (800) 255-5955
 (866) 334-0221

SHIPPER'S BILL OF LADING

PRO/WAYBILL NO:

SHIPPER NAME AND ADDRESS:

CONSIGNEE NAME AND ADDRESS:

CONTACT:
 PHONE NO:

CONTACT:
 PHONE NO:

FREIGHT CHARGES BILL TO:

FREIGHT TERMS:

PREPAID __
 COLLECT __
 3RD PARTY __

PIECES	TYPE	WEIGHT	DESCRIPTION	HM	PART NO.	LTL CLASS
	PIECES		FREIGHT ALL KINDS			
TOTAL PCS		TOTAL WGT				

SPECIAL INSTRUCTIONS:

DECLARED SHIPMENT VALUE:

SHIPPER SIGNATURE/DATE:

The shipper certifies that the materials are properly classified, labeled and packaged and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper Signature: _____

Print Name: _____

Date: _____

CONSIGNEE ACKNOWLEDGEMENT OF RECEIPT OF GOODS:

Consignee acknowledges receipt of goods as described on this Bill of Lading. Upon inspection of shipment unless otherwise noted, consignee accepts shipment in 'AS IS CONDITION'.

Consignee Signature: _____

Print Name: _____ Date of Receipt: _____ Time of Receipt: _____