

Quad Global Ventures, Inc.
P.O. Box 2448
Kennesaw, GA 30156
Phone: 770-424-0619
Fax: 770-424-0699



Bill of Lading

Date: _____

<i>SHIP FROM</i>	Bill of Lading Number:
[Name] [Street Address] [City, ST ZIP Code] SID No.:	BAR CODE SPACE
<i>SHIP TO</i>	Carrier Name:
[Name] [Street Address] [City, ST ZIP Code] CID No.:	Trailer number: Serial number(s):
<i>THIRD PARTY FREIGHT CHARGES BILL TO</i>	SPAC:
	Pro Number:
	BAR CODE SPACE
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 INFORMATION

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
			Y	N	
			Y	N	
			Y	N	
			Y	N	
Grand Total					

CARRIER INFORMATION

Handling Unit		Package						LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care.</small>		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.

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 carrier shall not make delivery of this shipment without payment of charges and all other lawful fees.

Shipper Signature _____

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.

Trailer Loaded:
 By shipper
 By driver

Freight Counted:
 By shipper
 By driver/pallets said to contain
 By driver/pieces

Carrier Signature/Pickup Date

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.