Print Form

PUBLICSPECIAL
COMMODITIES, INC.
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STRAIGHT BILL OF LADING

Carrier	Shipper's No.
Date	Carrier's No.

CONSIGNEE (TO)			SHIPPER (FROM)		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
P.O. NUMBER	STORE #	DEPARTMENT #	BILL OF LADING NUMBER	STORE #	DEPARTMENT #
CONSIGNEE PHONE	CONTACT NAME		**CHECK ONE:** ☐ Prepaid ☐ Collect Charges are prepaid unless otherwise marked		
BILL TO					
ADDRESS					
CITY	STATE	ZIP CODE	Received $ _____ to be delivered in the prepayment of the charges on the property described hereon. (Agent or Cashier) _____		

DESCRIPTION OF ARTICLES, WEIGHT, NMFC & CLASS ARE SUBJECT TO CORRECTION

NO PCS.	PKG. TYPE	HM*	DESCRIPTION OF ARTICLES & SPECIAL MARKS	WEIGHT	NMFC NO.	CLASS	VALUE
			TOTAL CUBE				

*Mark with an "X" to designate hazardous materials as defined in title 49 of the Code of Fed. of Reg. Hazardous material emergency contact #

ADDITIONAL SERVICES:
☐ INSIDE DELIVERY REQUIRED ☐ RESIDENTIAL DELIVERY
☐ LIFT GATE PICKUP / DELIVERY ☐ SORT AND SEGREGATE
☐ NOTIFICATION BEFORE DELIVERY ☐ OTHER _____

REMIT C.O.D. CASH / CHECK TO:

METHOD OF PAYMENT (REQUIRED)
COD FEE ☐ PREPAID ☐ COLLECT
COD AMT $
☐ CONSIGNEE CHECK ACCEPTABLE
☐ CERTIFIED CHECK OR CASH

CARRIER LIABILITY: Carrier liability for loss or damage will be the lesser of (1) the actual invoice value of the article(s) lost, damaged or destroyed; or ** (2) the amount determined from applicable limited liability provisions of the NMFC; or (3) the limited liability as stated in applicable governing tariffs, unless a higher value is declared in writing on the bill of lading at the time of shipment and applicable charge are paid.
**Where a "rate" is dependent on value, the agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____.

PLACE CARRIER PRO LABEL HERE

Shipper certifies that the above named materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

TRAILER NUMBER	LINEAR FEET OF SHIPMENT
SEAL # APPLIED	
BEYOND SCAC	CROSS REF PRO #
☐ SHIPPER LOAD / CONSIGNEE UNLOAD	

Rule #575 Dimensions (in feet): _____ (L) _____ (W) _____ (H)

Firm name _____ Carrier _____ Driver _____

Signed by _____ Date received _____ Carrier piece count _____