



American Group
 75 W Baseline Rd Suite 19 & 20
 Gilbert, AZ 85233
 ph: (480) 406-6102
 fax: (480) 966-3584
 info@shipag.com

STRAIGHT BILL OF LADING

Print Form

Carrier _____

Shipper's No. _____

Carrier's No. _____

Consignee (TO)				Shipper (FROM)			
Street Address				Street Address			
City		State	ZIP (REQUIRED)	City		State	ZIP (REQUIRED)
P.O. Number	STORE#		DEPARTMENT#	Bill Of Lading Number	STORE#		DEPARTMENT#
Consignee Phone #		Contact Name (Attention)		Check One: <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect CHARGES ARE PREPAID UNLESS OTHERWISE MARKED			
BILL TO:							
Street Address				Received \$ _____ to be delivered in the prepayment on the property			
City		State	ZIP (REQUIRED)	described hereon. (Agent or Cashier) _____			

No. PCS	PKG. TYPE	HM*	DESCRIPTION OF ARTICLES & SPECIAL MARKS	WEIGHT	NMFC NO.	CLASS	VALUE
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>					
		<input type="checkbox"/>	Total Cube:				

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

Additional Services: <input type="checkbox"/> Inside Delivery Required <input type="checkbox"/> Residential Delivery <input type="checkbox"/> Lift Gate Pick-Up / Delivery <input type="checkbox"/> Sort and Segregate <input type="checkbox"/> Notification Before Delivery <input type="checkbox"/> Other: _____	Remit C.O.D. Cash / Check To: _____ _____ _____
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METHOD OF PAYMENT (REQUIRED) COD FEE <input type="checkbox"/> Prepaid <input type="checkbox"/> Collect	COD AMT \$ _____	<input type="checkbox"/> CONSIGNEE CHECK ACCEPTABLE <input type="checkbox"/> CERTIFIED CHECK OR CASH
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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 shipment and applicable charges 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	Trailer Number: _____	Linear Feet of Shipment: _____
	Seal # Applied: _____	
	Beyond SCAC: _____	Cross Ref. Pro# _____

SHIPPER LOAD / CONSIGNEE UNLOAD

Shipper certifies that the above named material 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.

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

Firm Name: _____ Carrier: _____ Driver: _____
 Signed By: _____ Date Received: _____ Carrier Piece Count: _____