BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

SHIP FROM	Bill of Lading Number:
	BAR CODE SPACE
SHIP TO	**Carrier Name:**
THIRD PARTY FREIGHT CHARGES BILL TO	**SCAC:**
Rx Freight Management Inc. **2080 Appleby Line, PO Box 75051** **Burlington, ON** **L7M 6Y2** **Tel:905-630-6562**	BAR CODE SPACE
Special Instructions:	❑ Master bill of lading with attached underlying bills of lading.

Handling Unit						
Qty	**Type**	**Weight**	**HM (X)**	**Commodity Description** 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. See Section 2(e) of NMFC item 360	**NMFC No.**	**Class**

Note: Maximum liability of $2.00 per pound unless declared valuation. Must call Rx Freight in advance to arrange additional insurance.

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 / Date

Consignee Signature/delivery 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.