

FOR ALL YOUR SHIPPING NEEDS:



FREIGHT SOLUTIONS LLC

Date			Carrier					Shipper No.			
Customer PO								Blind Shipper No.			
Origin					Destination						
SHIPPER					CONSIGNEE						
Street					STREET						
City		ST		ZIP		City		ST		ZIP	
Phone					Phone						
ON COLLECT ON DELIVERY SHIPMENTS, THE LETTERS "COD" MUST APPEAR BEFORE THE CONSIGNEE'S NAME					Send Freight Bill To:						
COD	AMOUNT			Is customer's check acceptable for payment?	BILL TO		FREIGHT SOLUTIONS LLC				
COD FEE					STREET		PO BOX 79431				
PREPAID		COLLECT	YES	NO	CITY		CORONA	ST	CA	ZIP	92877
No. Shipping Units	(X) Hazmat	Kind of packaging, descriptions of articles, special marks and exceptions (list hazardous materials first)				Dimensions		CLASS			Weight Lbs. (subject to correction)
		ALL ACCESSORIAL CHARGES REQUIRE APPROVAL FROM FREIGHT SOLUTIONS PRIOR TO SERVICES RENDERED									
Total	SPECIAL INSTRUCTIONS									Total	

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN AFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING, THE PROPERTY DESCRIBED ABOVE IN APPARENT GOOD ORDER, EXCEPT AS NOTED (CONTENTS AND CONDITION OF PACKAGE UNKNOWN), MARKED, CONSIGNED, AND DESTINED AS INDICATED ABOVE WHICH SAID CARRIER (BEING UNDERSTOOD THROUGHOUT THIS CONTRACT AS MEANING ANY PERSON, CORPORATION IN POSSESSION OF THE PROPERTY UNDER THE CONTRACT) AGREES TO CARRY ITS USUAL PLACE OF DELIVERY AT SAID DESTINATION, IF ON ITS ROUTE, OTHERWISE TO DELIVER TO ANOTHER CARRIER ON THE ROUTE TO SAID DESTINATION, IT IS MUTUALLY AGREED AS TO EACH CARRIER OF ALL OR ANY OF, SAID PROPERTY OVER ALL OR ANY PORTION OF SAID ROUTE TO DESTINATION AND AS TO EACH PARTY AT ANY TIME INTERESTED IN ANY OR ALL SAID PROPERTY, THAT EVERY SERVICE TO BE PERFORMED HEREUNDER SHALL BE SUBJECT TO ALL THE BILL OF LADING TERMS AND CONDITIONS IN THE GOVERNING CLASSIFICATION ON THE DATE OF THE SHIPMENT. SHIPPER HEREBY CERTIFIES THAT HE IS FAMILIAR WITH ALL THE BILL OF LADING TERMS AND CONDITIONS IN THE GOVERNING CLASSIFICATION AND THE SAID TERMS AND CONDITIONS ARE HEREBY AGREED TO BY THE SHIPPER. THE FILING OF A CLAIM AGANIST THE CARRIER WILL NOT RELIEVE THE PAYOR FROM RESPONSIBILITY FOR PAYMENT OF FREIGHT CHARGES OR INVOICED AMOUNT DUE TO FREIGHT SOLUTIONS, LLC.

BILL TO:
FREIGHT SOLUTIONS LLC

THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED, AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

Shipper
Unit Number

NOTE: WHERE THE RATE IS DEPENDENT ON VALUE, SHIPPERS ARE REQUIRED TO STATE SPECIFICALLY IN WRITING THE AGREED OR DECLARED VALUE OF THE PROPERTY. THE AGREED OR DECLARED VALUE IS HEREBY SPECIFICALLY STATED BY THE SHIPPER TO NOT EXCEEDING.
Units (skids, ctns, bundles, etc.)

SUBJECT TO SECTION 7 OF THE CONDITIONS. IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNOR WITHOUT RECOURSE THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT. THE CARRIER SHALL NOT MAKE DELIVERY OF THE SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL OTHER LAWFUL CHARGES (SIGNATURE OF CONSIGNOR) _____

Date _____ **Time** _____

Shipper's Signature
Driver's Signature
Recipient's Signature _____ DATE _____
PRINT RECIPIENT'S NAME

Bill To: FREIGHT SOLUTIONS LLC PO BOX 79431 Corona, CA 92877-0181 PH 951-520-1217