



**STRAIGHT BILL OF LADING**

FREIGHT CHARGES:

DATE:

B/L #:  PO#:		<b>COD</b>	COD Fee:  Amount:
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SHIPPER (FROM):  Name  Address  City                      State                      Zip Code	CONSIGNEE(TO):  Name  Address  City                      State                      Zip Code
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BILL TO (PAYOR):  Name  Address  City                      State                      Zip Code	REMIT TO (COD):  Name  Address  City                      State                      Zip Code
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Pieces	Haz	Description	Type	NMFC No.	Class	Weight (lbs)
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					
	<input type="checkbox"/>					

Special Instructions:

HAZARDOUS MATERIALS EMERGENCY CONTACT:

"THIS IS TO CERTIFY 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 AND THE NATIONAL MOTOR FREIGHT CLASSIFICATION."

SERVICES ARE SUBJECT TO THE TERMS, CONDITIONS, RATES AND CHARGES STATED IN CXI TRUCKING TARIFFS. VISIT [WWW.CXITRUCKING.COM](http://WWW.CXITRUCKING.COM) FOR MORE INFORMATION.

	Date:	No. of Pieces:
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SHIPPER:	<b>CARRIER:</b> <b>CXI TRUCKING</b>
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AUTHORIZED SIGNATURE: (Shipper)	AUTHORIZED SIGNATURE: (DRIVER)
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