



**STRAIGHT BILL OF LADING**

FREIGHT CHARGES:

DATE:

B/L #:		<b>COD</b>	COD Fee:
PO#:		Amount:	

SHIPPER (FROM):	CONSIGNEE(TO):
Name	Name
Address	Address
City State Zip Code	City State Zip Code

BILL TO (PAYOR):	REMIT TO (COD):
Name	Name
Address	Address
City State Zip Code	City State Zip Code

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:	CARRIER: <b>CXI TRUCKING</b>
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AUTHORIZED SIGNATURE: (Shipper)	AUTHORIZED SIGNATURE: (DRIVER)
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