

**STRAIGHT BILL OF LADING- SHORT FORM
ORIGINAL- NOT NEGOTIABLE**

SHIP FROM	DATE OF PICKUP:
Name: Address: City/State/Zip:	

SHIP TO	CARRIER NAME: PACE MOTOR LINES, INC. Carrier SCAC Code: PMLI
Name: Address: City/State/Zip:	

THIRD PARTY FREIGHT CHARGES BILL TO:	PRO NUMBER:
Name: Address: City/State/Zip:	(Place Pace pro sticker here)

SPECIAL INSTRUCTIONS (if applicable)	Freight Payment Terms: Prepaid _____ Collect _____ 3 rd Party _____
	<input type="checkbox"/> (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION										
HANDLING UNIT		PACKAGE		WEIGHT	HAZ. (X)	COMMODITY DESCRIPTION <small>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.</small>	LTL ONLY			
QTY	TYPE	QTY	TYPE				NMFC #	CLASS		
GRAND TOTAL										

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."	COD Amount: \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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NOTE: Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

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 freight and all other lawful charges. _____ Shipper Signature
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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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain
CARRIER SIGNATURE / PICKUP 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.		