

Date:

**BILL OF LADING – SHORT FORM – NOT NEGOTIABLE**



**MYLOGISTICSDEPT**

<b>SHIP FROM</b>	<b>Bill of Lading Number:</b>
<b>SHIP TO</b>	<b>Carrier Name:</b>
	<b>If you have any questions or shipping needs please call MyLogisticsDept at 877.653.6420</b>
<b>THIRD PARTY FREIGHT CHARGES BILL TO</b>	<b>SCAC:</b>
	Pro Number:  <b>BAR CODE SPACE</b>
	<b>Freight Charge Terms (Freight charges are prepaid unless marked otherwise):</b> Prepaid ☒ 3rd Party ☒  <input type="checkbox"/> Master bill of lading with attached underlying bills of lading.

**CUSTOMER ORDER INFORMATION**

Customer Order No.	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
			Y	N	
			Y	N	
			Y	N	
			Y	N	
<b>Grand Total</b>					

**CARRIER INFORMATION**

Handling Unit		Package				LTL Only				
Qty	Type	Qty	Type	Weight	HM (X)	Commodity Description			NMFC No.	Class
						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				

**APEX Global Logistics, Inc. dba MyLogisticsDept.com is only facilitating transportation for the products purchased from various clients and assumes no liability for those products. Transit time is an estimate and is not guaranteed, and we accept no responsibility for late or damaged shipments nor do we accept any liability for liquidated damages. All terms and conditions of the various carriers used must be complied with in order for any claims to be paid. A denial by the carrier will result in a denial by APEX Global Logistics, Inc. dba MyLogisticsDept.com. Carriers liability is limited to .99/lb, subject to carriers maximums. See the individual carrier's web site for terms and conditions. Additional insurance is available but is limited to terms and conditions of the carriers used.**

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  Prepaid  Customer check acceptable

**Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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 charges and all other lawful fees. <b>Shipper Signature</b> _____			
<b>Shipper Signature/Date</b> _____ 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.	<table style="width:100%;"> <tr> <td style="width:33%;"> <b>Trailer Loaded:</b>  <input type="checkbox"/> By shipper  <input type="checkbox"/> By driver                 </td> <td style="width:33%;"> <b>Freight Counted:</b>  <input type="checkbox"/> By shipper  <input type="checkbox"/> By driver/pallets said to contain  <input type="checkbox"/> By driver/pieces                 </td> <td style="width:33%;"> <b>Carrier Signature/Pickup Date</b>                  _____                  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.                 </td> </tr> </table>	<b>Trailer Loaded:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver	<b>Freight Counted:</b> <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	<b>Carrier Signature/Pickup Date</b> _____ 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.
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