Date:

# BILL OF LADING

Page _____

**SHIP FROM**

Company Name:
Address:
City
State
Zip:
SID#:
FOB: ☐

**Bill of Lading Number:** _____

BAR CODE SPACE

**SHIP TO**

Name: AER SUPPLY Location #: _____
Address: 800 B BEATY STREET
City/State/Zip: DAVIDSON NC 28036
CID#:
FOB: ☐

**CARRIER NAME: Averitt 1-800-283-7488**
Trailer number:
Seal number(s):

**SCAC:**
**Pro number:**

BAR CODE SPACE

**THIRD PARTY FREIGHT CHARGES BILL TO:**

Name: PENSKE C/O CASS INFORMATION SYSTEMS

Address: PO Box 17657
City/State/Zip: ST. LOUIS MO 63178-7657

**Freight Charge Terms:** ***(freight charges are prepaid unless marked otherwise)***
**Prepaid** **Collect** _____ **3rd Party** ✔

SPECIAL INSTRUCTIONS:

FREIGHT PLAN #01190

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

**CUSTOMER ORDER INFORMATION**

| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP (CIRCLE ONE) | | ADDITIONAL SHIPPER INFO |
|---|---|---|---|---|---|
| | | | Y | N | |
| | | | Y | N | |
| | | | Y | N | |
| | | | Y | N | |
| | | | Y | N | |
| **GRAND TOTAL** | | | | | |

**CARRIER INFORMATION**

| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION | LTL ONLY | |
|---|---|---|---|---|---|---|---|---|
| QTY | TYPE | QTY | TYPE | | | 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* | NMFC # | CLASS |
| | | | | | | | | 85 |
| | | | | | | | | 85 |
| | | | | | | | RECEIVING | |
| | | | | | | | STAMP SPACE | |
| | | | | | | | | 85 |
| | | | | | | **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: ☐ Prepaid: ☐**
**Customer check acceptable: ☐**

**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**

**SHIPPER SIGNATURE / DATE**
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 U.S. DOT.

Trailer Loaded:
☐ By Shipper
☐ By Driver

Freight Counted:
☐ By Shipper
☐ By Driver/pallets said to contain
☐ By Driver/Pieces

**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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

***Property described above is received in good order, except as noted.***