

Date: \_\_\_\_\_



North America's Transportation Service

PRO Number: \_\_\_\_\_  
**Attach PRO Sticker HERE!**

# Straight Bill of Lading

Subject to B/L Terms

**Shipper#:** \_\_\_\_\_

|               |          |     |
|---------------|----------|-----|
| Shipper Name: |          |     |
| Address:      |          |     |
| City:         | State:   | Zip |
| Phone :       | Contact: |     |

**Consignee#:** \_\_\_\_\_

|                 |          |      |
|-----------------|----------|------|
| Consignee Name: |          |      |
| Address:        |          |      |
| City            | State    | Zip: |
| Phone:          | Contact: |      |

## THIRD PARTY BILLING:

|  |               |
|--|---------------|
| N.A.T.S.                               | Ref# -# _____ |
| North America's Transportation Service |               |
| 2525 HAINES ROAD                       |               |
| MISSISSAUGA, ON. CANADA L4Y 1Y7        |               |

|                  |   |         |   |         |
|------------------|---|---------|---|---------|
| Freight Charges: | & | Prepaid | " | Collect |
| <b>3rd Party</b> |   |         |   |         |
|                  |   |         |   |         |

Received, subject to the contract between the Shipper, Consignee or Third Party and the Carrier in effect on the date of shipment, the property described below, in apparent good order, except as noted (contents and condition of packages unknown), marked, consigned and destined as indicated above. This Bill of Lading is not subject to any tariffs or classifications whether individually determined or filed with any Federal or State/Provincial regulatory Agency, except as specifically agreed to in writing by both parties. In the event a contract does not exist, it is mutually agreed to that services performed hereunder shall be subject to all terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in the applicable motor carrier classification and/or tariff(s).

| Number of Packages | Haz Mat. | Description of Articles, Special Marks and Exceptions<br><i>List Hazardous Materials First</i> | Weight | Class or Rate |
|--------------------|----------|--|--------|---------------|
|                    |          |  |        |               |

|                 |                  |                            |
|-----------------|------------------|----------------------------|
| Customs Broker: | Border Crossing: | <b>CARRIER SPOT QUOTE#</b> |
|-----------------|------------------|----------------------------|

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding \$ \_\_\_\_\_ per \_\_\_\_\_.

|   |                      |                 |
|---|----------------------|-----------------|
| <b>COD</b><br><input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> COMPANY CHECK<br><input type="checkbox"/> C.O.D. FEE TO BE PAID BY <input type="checkbox"/> CASH or CERTIFIED CHECK<br><br>\$ _____ . _____<br>_____<br><small>SHIPPER SIGNATURE</small> | Remit COD to - Name: |                 |
|   | Address:             |                 |
|   | City:                | State      Zip: |

Comments/Special Instructions:

THIS IS TO CERTIFY THAT THE ABOVE MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGE, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION#

SHIPPER SIGNATURE: \_\_\_\_\_

|                    |                         |       |
|--------------------|-------------------------|-------|
| <b>CARRIER:</b>    | Trailer#:               | Time: |
| DRIVERS SIGNATURE: | Number Pieces Received: | Date: |