

Your Company Inc.

Address
City, State, ZIP

Bill of Lading

No.: 0

FROM	TO
Name	Name
	Company
	Street
Date 05/22/11	City, State
Dept Acct.	Zip Code

Number Of Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Subject to Change)	Serial Numbers

Shipping Instructions

For Shipping Use Only

Check One	Payment	Method	Date
<input type="checkbox"/> Next Day	<input type="checkbox"/> Shipper	Bill No. _____	Shipped By _____
<input type="checkbox"/> Second Day	<input type="checkbox"/> Recipient	Ship Cost _____	Dept. Chgd _____
<input type="checkbox"/> Routine	<input type="checkbox"/> Third Party		
	<input type="checkbox"/> COD Amt Due		