

Company Name Here

Bill of Lading

Enter slogan

Enter street address

Enter city, state, and zip

No.:

FROM		TO
Name		Name
		Company
		Street
Date		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 <input type="checkbox"/> Next Day <input type="checkbox"/> Second Day <input type="checkbox"/> Routine	Payment <input type="checkbox"/> Shipper <input type="checkbox"/> Recipient <input type="checkbox"/> Third Party <input type="checkbox"/> COD Amt Due	Method	Date
		Bill No.	Shipped By
		Ship. Cost	Dept. Chgd
Delivered by		Date	
Received by		Date	# Boxes

COMMENTS

Sample Preview