



ADMINISTRATIVE OFFICE
 9850 E. FRONTAGE RD. • SOUTH GATE, CA 90280
 (562) 806-7333 • FAX (562) 806-7343

ORIGINAL SHORT FORM
 NOT NEGOTIABLE
 STRAIGHT BILL OF LADING

SEE REVERSE SIDE FOR FURTHER TERMS AND CONDITIONS

SHIPPER'S PHONE		SHIPPER'S NUMBER		PURCHASE ORDER NUMBER		CONSIGNEE PHONE	
SHIPPER (FROM)	NAME			CONSIGNEE (TO)	NAME		
	ADDRESS				ADDRESS		
	CITY	STATE	ZIP		CITY	STATE	ZIP

FREIGHT CHARGES: NOTE: FREIGHT CHARGES ARE TO BE <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT COLLECT UNLESS MARKED PREPAID <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	SPECIAL INSTRUCTION:	
BILL FREIGHT CHARGES TO (IF DIFFERENT THAN ABOVE): NAME	ADDRESS	P.O. BOX
ADDRESS	CITY	ZIP

C.O.D.	1. THE LETTERS C.O.D. MUST APPEAR IN THE BOX BEFORE CONSIGNEE'S NAME ABOVE.	3. C.O.D. FEE: <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT	4. REMIT C.O.D. TO (IF DIFFERENT THAN SHIPPER ABOVE). NAME _____
	2. SHIPPER SELECT: <input type="checkbox"/> CASHIER'S CHECK ONLY <input checked="" type="checkbox"/> <input type="checkbox"/> CONSIGNEE'S CHECK OK	(SHIPPER'S SIGNATURE) _____	STREET _____ CITY _____ ST. _____ ZIP _____
\$ _____ (AMT)			

HANDLING UNITS	HM (X)	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT	ITEM #	CLASS	Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ (Consignor Signature)
			(SUBJECT TO CORRECTION)			
TOTAL _____		CUBIC FT.				Unless a greater value is declared herein, the shipper agrees and declares that the value of the property is released to an amount not exceeding \$5.00/lb. per package and for shipments weighing in excess of 100 pounds an additional charge of \$1.23 will be assessed for each \$100.00 (or fraction thereof), by which the value declared exceeds \$5.00/lb. \$ _____ per pound
CHARGES ADVANCED \$ _____						REMIT TO: <input type="checkbox"/> SHIPPER <input type="checkbox"/> OTHER IF OTHER THAN SHIPPER, WRITE NAME AND ADDRESS IN DESCRIPTION COLUMN

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 Department of Transportation.

X _____ PRINT NAME

X _____ AUTHORIZED SIGNATURE

SHIPPER'S NAME _____ DATE _____

RECEIVED, subject to the classifications and tariffs in effect on the date of issue of this Bill of Lading. Tariff means any classification, charge, price, rule or rate established by a carrier or carriers. The property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. Is mutually agreed as to each carrier of all or any of, said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification on the date of shipment.

Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

Freight received under this Bill of Lading will be transported pursuant to L.A. Xpress Assembly & Distribution, Inc. dba CalState Xpress applicable tariffs on file with applicable state or federal regulatory agencies or commissions or on file at the carriers principal place of business except where otherwise provided in any valid and effective written contract signed by L.A. Xpress Assembly & Distribution, Inc. dba CalState Xpress and its shipper. This notice supersedes any claimed oral contract, promise, representation, or understanding between the parties.

DRIVER'S SIGNATURE		DATE	
DRIVER'S CODE	LOOSE PCS.	PALLETS	TOTAL HANDLING UNITS
SHIPPER LOAD AND COUNT		SINGLE SHIPMENT	
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
START TIME	STOP TIME		
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM		

PLACE BAR CODED
 PRO NUMBER
 HERE
 OPS-005-02/B (Rev. 11/04)

