



BILL OF LADING

South Florida / Main Office (305) 687-3560 (877) 465-3585
 New York/New Jersey (201) 653-0056 (800) 524-2627
 Illinois/St Louis (312) 433-2230 (800) 544-9666
 Central Florida (941) 686-6176 (800) 237-1116
 South Jersey/Eastern Penn. (609) 224-9220 (800) 579-6624
 North Florida/Jacksonville (904) 404-8160 (855) 202-8782

Date:

PRO NUMBER HERE

SHIPPER'S NO.

PURCHASE ORDER NO.

SHIPPER _____ CONSIGNEE **"COD" must appear before consignee's name on Collect on Delivery Shipments.**

STREET ADDRESS _____ STREET ADDRESS _____

CITY/STATE _____ ZIP (required) _____ CITY/STATE _____ ZIP (required) _____

FREIGHT CHARGES (Third Party Bill To)	Special Instructions: <input type="checkbox"/> SHIPPER (PREPAID) <input type="checkbox"/> CONSIGNEE (COLLECT) <input type="checkbox"/> THIRD PARTY (PREPAID)	Freight Charges to pay by: <input type="checkbox"/> SHIPPER (PREPAID) <input type="checkbox"/> CONSIGNEE (COLLECT) <input type="checkbox"/> THIRD PARTY (PREPAID)
NAME		
STREET		

NUMBER OF PACKAGES	HAZARDOUS MATERIALS	KIND OF PACKAGES, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (SUBJECT TO CORRECTION)	WEIGHT (SUBJECT TO CORR)	CLASS OR RATE

On Collect on Delivery Shipments, the letters "COD" must appear before consignee's name.

C.O.D.

Collect on Delivery

\$

C.O.D. AMOUNT
 Cash or Certified Check
 Consignee Check Acceptable

NOTE (2) Liability Limitation for loss or damage on this shipment may be applicable unless a shipper specifies a declared value and pays an ad valorem charge. Therefore, all shipments are deemed to be released for liability purposes in accordance with the maximum value provisions of items 161 and 781 of Tariff GLDF-300.

Note: When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. **The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding:**

FOR FREIGHT COLLECT SHIPMENTS:
 If this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement:
This carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

REMIT C.O.D. CHECK/CASH TO:

\$ _____ Per lb. _____ (Signature of Consignor)

C.O.D. FEE TO BE PAID BY: SHIPPER COSIGNEE

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and the shipper, if applicable, otherwise to the rates, classifications and the rules that have been established by the carrier and are available to the shipper, on request, the property described above, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as shown above which said carrier agrees to carry to destination, if on its route or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Mark with an "X" to designate Hazardous Materials as defined by DOT regulations.

This is to certify that the above named materials are properly classified, described, packaged, marked, and labeled, and are in the proper condition for transporting according to the applicable regulations of the Department of Transportation.

SHIPPER: _____	CARRIER: GOLD COAST FREIGHTWAYS, INC.	TOTAL NO. OF PIECES: _____
PER: _____ (Signature Required)	DRIVER: _____	DATE RECEIVED: _____

All Shipments Subject to Gold Coast Freightways, Inc. Rules and Tariffs (available upon request) and the provisions of the Uniform Bill of Lading and the N.M.F.C.