

Bill of Lading – Short Form – Not Negotiable TQL PO Number:

Ship From **Shipper Details**

Pick 1:
Nutrient Control Systems
130 Industrial Drive
Chambersburg, PA 17201

Pickup Date: 4/15/2024
Pickup Time:
Contact Name:
Pickup #:
Carrier:

Ship To **References**

Drop 1:
Alliance Dairies
4951 NW 170th St
Trenton, FL 32693

Delivery Date: 4/17/2024
Delivery Time:

3rd Party Bill To:

Total Quality Logistics
PO Box 634558
Cincinnati, OH 45263-4558

Delivery PO #:

Special Instructions:
Contact TQL for accessorial approval or issues at 513-831-2600 x43532

Freight Terms:
Third Party: X
Collect: _____
Prepaid: _____

Accessorials:

Qty	Type	Weight (lbs.)	Dims	NMFC	Item Description	LTL Class
1	I beam	4500	100x40x40			55
1	conveyor	150	45x45x15			55
1	conveyor	150	45x45x15			55
1	TSP Grabber	150 275	25x21x24		GRAND TOTALS:	55

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."

COD Amount:
Fee Terms: Collect Prepaid Check Acceptable

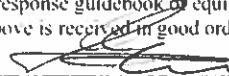
Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).

For Freight Collect Shipments:
If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign following statement: *The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.*
Signature of Consignor: _____

Trailer Loaded:
____ By Shipper
____ By Driver

Freight Counted:
____ By Shipper
____ By Driver

Shipper Signature/Date
This is to certify that above-named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
Shipper: _____ Date: _____

Carrier Signature/Pickup Date:
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.
Carrier:  Date: _____

Receiver Signature/Date
This is to certify that above-named materials were delivered in the expected condition.
Receiver: _____ Date: _____

Driver Copy