

SHO	W LO	GISTICS											
	CONSIGNEE:												
NAME:	E:					NAME:							
ADDRESS:					ADDRESS:								
CITY, ST, ZIP:					CITY, ST, ZIP:								
CONTACT:					CONTACT:								
PHONE:					PHONE:								
REFERENCE:					REFERENCE:								
BILL TO PARTY:					REQUESTED DELIVERY:								
NAME:					FREIGHT TERMS: (charges are prepaid unless marked otherwise)								
ADDRESS:					□ PREF	PAID		COLLEC	T		3 RD	PARTY	
CITY, ST, ZIP:	ST, ZIP:					EMERGENCY RESPONSE #:							
SPECIAL INS													
PIECES			DESCRIPTION			WI	EIGHT	LENG	ЭТН	WIDT	Ή	HEIGHT	
TIECES			DESCRIPTION						J	WIDI		HEIGHT	
Liability is limited to \$0.50/lb or \$50, whichever is greater, unless additional insu					•		JRED VA						
	gulations	of the US Departm	rials are properly classified nent of Transportation. In a	-			-	-		-		-	
SHIPPER SIGNATURE:	PRINT NAME:							DATE:					
PICKED UP BY:	DRIVER SIGNATURE: COMPANY:												
	PRINT NAME:						DATE/TIME:						
RECEIVED BY:	CONSIGNEE SIGNATURE:						ANY:						
	PRINT NAME:					DATE/1	ГІМЕ:						
RECEIVED IN GOO		□ SHORT	□ DAMAGED		SHORT	NOTES:							
	256 Fagle	·	w Logistics, LLC Exton PA 19341 • 484 841	9960									

WAYBILL#: