

**ABILENE MOTOR EXPRESS, INC.**

1700 Willis Road  
N.Chesterfield, VA 23237

PHONE: 804-275-0224

WWW.ABILENEMOTOR.COM

**BILL OF LADING**

Original - Not Negotiable

PRO #		DATE:    /    /
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SHIPPER		CONSIGNEE	
Name:		Name:	
Street Address:		Street Address:	
City:	State:	City:	State:
Zip/Postal:	Contact Name/Phone/Email:	Zip/Postal:	Contact Name/Phone/Email:

BILL TO	
Name:	
Street Address:	
City:	State:
Zip/Postal:	Contact Name/Phone/Email:



**SHIPMENT INFORMATION:**

No. PCS	PKG TYPE	PLT/FLR LOADED	DESCRIPTION OF ARTICLES ( Please include Length, Width, and Height )	WEIGHT (LBS.)

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 _____."	<b>TOTAL WEIGHT (LBS.):</b>
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**Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).**

Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	This is to certify that the 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 SIGNATURE / DATE: _____
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PICKUP INFORMATION		CARRIER SIGNATURE / PICKUP DATE	CONSIGNEE SIGNATURE / DATE
<b>TRAILER LOADED, COUNTED, &amp; SEALED:</b>	<b>ADDITIONAL INFORMATION:</b>	Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or has the DOT emergency response guidebook or equivalent documentation in the vehicle. Property described above is received in good order, except as noted.	_____
<input type="checkbox"/> By shipper	TRAILER NUMBER: _____		Print Name: _____
<input type="checkbox"/> By driver	SEAL NO. _____		TIME IN: _____ TIME OUT: _____
IN: _____ OUT: _____	APPLIED _____	SEAL INTACT?    YES                      NO                      NO SEAL PROVIDED	