

# Straight Bill of Lading

Shipper (From):

Consignee (To):

Carrier Name:

Point of Origin:

Destination:

Date:

Bill of Lading Number:

## Cargo Information

Quantity	Unit	Description of Goods	Weight	Class

Vehicle Number:

Trailer Number:

Special Instructions:

Notes:

\_\_\_\_\_  
Shipper Signature

\_\_\_\_\_  
Carrier Signature

\_\_\_\_\_  
Consignee Signature