

# Subcontractor Freight BOL Form

## Carrier & Date

Carrier Name

Date

BOL Number

## Shipper Information

Name

Address

City

State

Zip

## Consignee Information

Name

Address

City

State

Zip

## Freight Details

Qty	Type of Package	Description of Articles	Weight	Class
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Special Instructions

## Signature

Shipper's Signature

Date

Carrier's Signature

Date