

Lucas Freight Management Inc. - Bill Of Lading

23 Park Road
Goderich, ON
N7A 3X8

Telephone: 226-421-9911
Fax: 226-421-9912
Toll Free: 866.586.0147

Pickup Ref _____
Date _____

Shipper- (From) _____ Address _____ City _____ Prov/State _____ Postal Zip Code _____ Telephone _____ Shipper Order/Reference # _____	Consignee - (To) _____ Address _____ City _____ Prov/State _____ Postal/Zip Code _____ Telephone _____ Consignee Order/ Reference # _____
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Third Party Bill To _____ Address _____ City _____ Prov/State _____ Postal/Zip _____ Contact Name _____ Phone _____
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Special Instructions _____	Quote # _____
	Route _____

Freight Charges	Times	Arrive	Start	Finish	Shipper Show amount of C.O.D	C.O.D. Fee
<input type="checkbox"/> Prepaid <input type="checkbox"/> Collect <input type="checkbox"/> Third	Loading				Note- C.O.D Shipments will be held One Business day for arrangements \$ _____	<input type="checkbox"/> C.O.D. <input type="checkbox"/> Prepaid
	Unloading					
Freight Charges will be collect unless marked Prepaid or Third Pary.If Third Party is checked, Third Party Billing information fields must be filled out		Driver Pick Up Cheque Note: Shipment will not be held, but carrier will not be held liable for the cheque. \$ _____		Declared Value Maximum Liability: \$2.00 per pound unless stated otherwise below. Extra charges apply if value exceeds 2.00 per pound. \$ _____		Any agreement covering transportation of the goods described herein with other than due dispatch, or for specific time, must be endorsed on this Bill of Lading and signed by the parties hereto. When a shipment is at "owner's risk", the words "at owner's risk" must be entered and initialled by both parties thereto.

Num Pkgs	Dangerous Goods	Proper Shipping Name	Description	Classes	PIN #	Packing Group	Weight	Rate	AMOUNT
<<<=Total Pieces							Total Weight ==>>>		Total

24 hour Emergency Phone Number _____	Placards Required	Type _____	Placards Supplied	Total
	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> LB <input type="checkbox"/> KG

Cubic Dimensions	Total Cubic Measurement	
Length _____ Width _____ Height _____	_____	<input type="checkbox"/> Cubic Meters <input type="checkbox"/> Cubic Feet

This Bill Of Lading is to be signed by the Shipper and the Carrier

Shipper _____	Carrier _____	Consignee _____
Per _____	Per _____	Date _____

Bill Of Lading Number

Bill Of Lading to be Issued in Triplicate
 Fax: 226-421-9912

Bill Of Lading- ORIGINAL Not Negotiable