Salinas Valley
Santa Cruz Motor Express

SAN FRANCISCO-BAY AREA
(800) 537-2100
MONTEREY-PENINSULA
(800) 537-9494
www.salinasvalleyexpress.com

SALV

SHIPPER'S NO. _____

CARRIER'S NO. _____

DATE _____

THIS SHIPPING ORDER

must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and returned by the Agent

The property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of the said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns. **(Mail or street address of consignee-For purposes of notification only.)**

CONSIGNED TO

DELIVERY ADDRESS

DESTINATION STATE ZIP

RECEIVED, subject to the classifications and lawfully filed tariffs in effect on the date of issue of this Shipping Order.
FROM

STREET ADDRESS

ORIGIN STATE ZIP

PLACE PRO LABEL HERE

NO. OF UNITS & CONTAINER TYPE	HM	DESCRIPTION AND CLASSIFICATION (Proper Shipping Name and Class Per 49 CFR 172.101)	WEIGHT (Subject to Correction)	RATE

"This is to certify that the materials herein-named are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."

Signature

"I hereby certify that the contents of this consignment are fully and accurately described herein by proper shipping name and are classified, packed, marked and labeled, and in proper condition for carriage by air according to applicable national governmental regulations."

Signature

Subject to Section 7 of conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statement.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor.)

If charges are to be prepaid write or stamp here, "To be Prepaid."

Received $ _____ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier

PER _____
(The signature here acknowledges only the amount prepaid.)

Charges Advanced $

COD CHARGE TO BE PAID BY:

☐ SHIPPER
☐ CONSIGNEE

☐ COMPANY CHECK O.K.

C.O.D. AMOUNT

$ _____

SHIPPER, PER _____

Permanent post-office address of shipper.

AGENT, PER _____

(this Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

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