

UNIFORM STRAIGHT BILL OF LADING ORIGINAL---NOT NEGOTIABLE

ALL SERVICES SUBJECT TO THE TERMS AND CONDITIONS OF THE FXF 100 SERIES RULES TARIFF. SEE FEDEX.COM FOR DETAILS. --- QUESTIONS? CALL 1.866.393.4585

	Date _____	Purchase Order # _____
	Shipper # _____	Shipper # _____
	REQUIRED: Please select a service type <input type="checkbox"/> FedEx Freight® Priority <input type="checkbox"/> FedEx Freight® Economy	

SHIPPER (from) Please provide ZIP codes and phone numbers.	CONSIGNEE (to)
Shipper _____	Consignee
Attn. to _____	Attn. to _____
Address _____	Address _____
Address (Store, Dept., Ste., Flr., Apt., Div.) _____	Address (Store, Dept., Ste., Flr., Apt., Div.) _____
Address _____	Address _____
City _____	City _____
State/Province _____ ZIP/Postal Code _____ Country _____	State/Province _____ ZIP/Postal Code _____ Country _____
Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Pickup <input type="checkbox"/> Limited Access	Optional or Additional Service Fees and Charges <input type="checkbox"/> Liftgate <input type="checkbox"/> Inside Delivery <input type="checkbox"/> Limited Access
Shipper Bill of Lading # _____	<input type="checkbox"/> Custom Delivery Window:
Special Instructions _____	

BILL FREIGHT CHARGES TO (if different than above):							
Name _____		FXF Acct. # _____		Mailing Address _____			
City _____		State _____	ZIP/Postal Code _____	Country _____	Area Code _____	Phone Number _____	

Freight charges are PREPAID unless marked collect. CHECK BOX IF COLLECT <input type="checkbox"/>	<input type="checkbox"/> USD <input type="checkbox"/> CAD	C.O.D. AMOUNT _____	1. The letters "C.O.D." must appear in box before consignee's name above. 2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check 3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee
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Name _____				Mailing Address _____			
City _____		State _____	ZIP/Postal Code _____	Country _____	Country Code _____	Area Code _____	Phone Number _____

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, the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown hereon, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof, and the conditions of the FXF 100 Series Rules Tariff, or otherwise referenced, which are hereby agreed

HANDLING UNITS (H/U)	H/U PKG. TYPE	PIECES	HM (X)	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS. (subject to correction)	NMFC ITEM #	CLASS	CUBE (OPTIONAL)

TOTAL H/U: ★ MARK "X" OR "RQ" IN THE HM COLUMN TO DESIGNATE HAZARDOUS MATERIALS OR REPORTABLE QUANTITY AS DEFINED IN DOT REGULATIONS.

HM EMERGENCY CONTACT PHONE NUMBER () _____

CUSTOMER REGISTERED W/EMERGENCY RESPONSE INFO. PROVIDER or CONTRACT # _____

FOR INTERNATIONAL SHIPMENTS INDICATE BROKER NAME, FAX AND PHONE NUMBERS.

EEI/SED Number or Exception _____ Phone # () _____

Broker Name _____ Fax # () _____

NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must 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 _____."

Note (2) liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. See FXF 100 Series Rules Tariff for complete limited liability provisions. Carrier's maximum standard liability is limited to \$25 per pound per package for NEW articles and \$.50 per pound per package (or its equivalent in Mexican Pesos (MXN) or Canadian Dollars (CAD), at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. In no case shall carrier liability exceed \$100,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for NEW articles or \$10,000 per occurrence (or its equivalent in MXN or CAD at the rate of exchange which is in effect at the place and on the date of shipment) for USED or RECONDITIONED articles. For availability and limits of excess liability coverage and applicable rates and charges, please refer to FXF 100 Series Rules Tariff. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.

Articles are **NEW**, and require Excess Liability Coverage in the amount of _____
 USD CAD MXN per lb. or kg. Additional charges will apply.

Articles are **USED** or **RECONDITIONED** and require Excess Liability Coverage. Additional charges will apply.

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360.

FOR FREIGHT COLLECT SHIPMENTS

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 may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Consignor Signature _____

SHIPPER CERTIFICATION

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper Signature _____ Date _____

CARRIER CERTIFICATION

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.

DATE	DRIVER/EMPLOYEE NUMBER	PIECE COUNT	TRAILER #