BILL OF LADING - SHORT FORM

From ________________________________ Date ____________________

Street _____________________________ City ______________________ State ________ Zip ______

Consigned to __________________________

Street _____________________________ City ______________________ State ________ Zip ______

C.O.D.  

1. THE LETTERS C.O.D. MUST APPEAR IN BOX BEFORE CONSIGNEE’S NAME ABOVE SHIPPER SELECT  
2. SHIPPER SELECT: 
   - CASHIERS CHECK ONLY  
   - CONSIGNEE’S CHECK OK  
3. C.O.D. FEE  
   - PREPAID  
   - COLLECT  
4. REMIT C.O.D. TO (IF DIFFERENT THAN SHIPPER ABOVE):  
   - NAME ____________________________ PHONE ______________________
   - STREET __________________________ CITY __________ STATE ________ ZIP ______

NOTE — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding ______ per ______.

NO. OF PACKAGES | H M | DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS | WEIGHT (LBS) TO CORRECTION | CLASS OR RATE
--- | --- | --- | --- | ---

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)

CARRIER: MJB FREIGHT SYSTEMS, INC.

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT

CHECK BOX IF COLLECT

_____
RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

From                           Date
Street                                City                State              Zip

Consigned to
Street                 City                 State              Zip

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 below, which said company (the word company 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 own railroad, water line, highway route or routes, or within the territory of its highways operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of 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 conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

Consignee:
Street

C.O.D.:

1. THE LETTERS C.O.D. MUST APPEAR IN BOX BEFORE CONSIGNEE’S NAME ABOVE SHIPPER SELECT
2. SHIPPER SELECT:
   - CASHIERS CHECK ONLY
   - CONSIGNEE’S CHECK OK
3. C.O.D. FEE
   - PREPAID
   - COLLECT
4. REMIT C.O.D. TO (IF DIFFERENT THAN SHIPPER ABOVE):
   - NAME
   - PHONE
   - STREET
   - CITY
   - STATE
   - ZIP

NOTE ___Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding ___ per

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)

FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT

CHECK BOX IF COLLECT

CARRIER: MJB FREIGHT SYSTEMS, INC.

SHIPPER: accompanying{name}
DRIVER: ___
PCS: ___
DATE: ___
PERMANENT ADDRESS OF SHIPPER: ___
CITY: ___ STATE: ___ ZIP: ___
This Memorandum is an acknowledgment that a bill of lading has been issued and is not the Original Bill of Lading nor a copy of duplicate covering the property named herein, and is intended solely for filing or record.

RECEIVED, SUBJECT TO THE CLASSIFICATIONS AND TARIFFS IN EFFECT ON THE DATE OF THE ISSUE OF THIS BILL OF LADING.

From ___________________________ Date ___________________________

Street ___________________________ City ___________________________ State ____________ Zip ____________

Consigned to ___________________________

Street ___________________________ City ___________________________ State ____________ Zip ____________

<table>
<thead>
<tr>
<th>NO. OF PACKAGES</th>
<th>DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS</th>
<th>WEIGHT (LBS)</th>
<th>CLASS OR RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>H M</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

C.O.D.

1. THE LETTERS C.O.D. MUST APPEAR IN BOX BEFORE CONSIGNEE’S NAME ABOVE SHIPPER SELECT
2. SHIPPER SELECT:
   - CASHIERS CHECK ONLY
   - CONSIGNEE’S CHECK OK
3. C.O.D. FEE
   - PREPAID
   - COLLECT
4. REMIT C.O.D. TO (IF DIFFERENT THAN SHIPPER ABOVE):
   - NAME ___________________________
   - PHONE ___________________________
   - STREET ___________________________
   - CITY ___________________________
   - STATE ___________________________
   - ZIP ___________________________

$ ___________________________ (AMOUNT)

NOTE — Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding ___________________________ per ___________________________.

CARRIER: MJB FREIGHT SYSTEMS, INC.

SHIPPER: ___________________________ DRIVER: ___________________________

PCS: ___________________________ DATE: ___________________________

PERMANENT ADDRESS OF SHIPPER: ___________________________

CITY: ___________________________ STATE: ___________________________ ZIP: ___________________________