

SHIPMENT INFORMATION

BOL #	Date	PO #	Reference #	PRO #
Customer Name		Customer Account #	Load Reference	

THIRD-PARTY BILLING — FREIGHT CHARGES BILL TO

Priority 1, Inc. P.O. Box 398 North Little Rock, AR 72115 Phone: (501) 536-3000	Account #: _____ BOL / Reference: _____
---	--

ORIGIN / SHIPPER

Company Name		Contact	Phone		
Address	City	ST	ZIP	Appt Time	

DESTINATION / CONSIGNEE

Company Name		Contact	Phone		
Address	City	ST	ZIP	Appt Time	

CARRIER INFORMATION

Carrier Name	MC #	Driver Name	Driver Phone	
Truck #	Trailer #	Trailer Type	Seal #	Size

COMMODITY DETAILS

Qty	Unit	Description of Articles	Weight	Dims (LxWxH)	NMFC/Class

Total Pieces	Total Weight	Total Pallets	Freight Charges	COD Amount
--------------	--------------	---------------	-----------------	------------

SPECIAL INSTRUCTIONS & ACCESSORIALS

Straps
 Load Bars
 E-Track
 Blocking/Bracing
 Air-Ride
 Swing Doors
 Tarp: ____ft
 Chains
 Appointment Req
 Inside Delivery
 Liftgate
 Residential
 Limited Access
 Driver Assist
 Pallet Jack

SIGNATURES & AUTHORIZATION

Shipper Signature	Date	Carrier Signature	Date
-------------------	------	-------------------	------

By signing, carrier acknowledges receipt of goods in apparent good condition unless otherwise noted.