

Date:

11/14/16

BILL OF LADING

Page 1 of _____

SHIP FROM

Name: Labor Law Poster Service (Mandatory Poster Agency)
 Address: 5859 W. Saginaw Hwy. Ste E
 City/State/Zip: Lansing, MI 48917

SID#:

FOB:

SHIP TO

Name: Caraustar
 Address: 3265 Commerce Centre Dr.
 City/State/Zip: Saginaw, MI 48601-9696
 CID#:

FOB:

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: Caraustar
 Address: 3265 Commerce Centre Dr.
 City/State/Zip: Saginaw, MI 48601-9696

SPECIAL INSTRUCTIONS:

Bill of Lading Number: _____

BAR CODE SPACE

CARRIER NAME: _____

Trailer number: _____

Seal number(s): _____

SCAC:

Pro



105-9866454 8

This shipment is subject to the terms and conditions of the Holland and Faddaway 100 Rules and Special Services Tariff available at www.hollandregional.com. Carrier's liability for loss or damage is limited in accordance with Item 420 of the tariff. Driver's signature acknowledges receipt of freight only.

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid _____ Collect _____ 3rd Party

(check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER		# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO	
carboard cartons (palletized)		3 pallets	400	<input checked="" type="checkbox"/> N	Shrinkwrapped on pallets	
				<input checked="" type="checkbox"/> N		
				<input checked="" type="checkbox"/> N		
				<input checked="" type="checkbox"/> Y N		
				<input checked="" type="checkbox"/> Y N		
				<input checked="" type="checkbox"/> Y N		
				<input checked="" type="checkbox"/> Y N		
				<input checked="" type="checkbox"/> Y N		

GRAND TOTAL

CARRIER INFORMATION

COMMODITY DESCRIPTION

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 Section 2(e) of NMFC Item 360

LTL ONLY

NMFC #

CLASS

*105-9866454
11/14/16
Holland Regional
Bar Code Space*

GRAND TOTAL

COD Amount: \$ _____

Fee Terms: Collect: Prepaid: Customer check acceptable:

Where the rate is dependent on value, shippers are required to 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 Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

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

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded: Freight Counted:

<input type="checkbox"/> By Shipper	<input type="checkbox"/> By Driver/pallets said to contain
<input type="checkbox"/> By Driver	<input type="checkbox"/> By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

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 documentation in the vehicle.

Property described above is received in good order, except as noted.