Accurate Cargo Delivery Systems, Inc. PO Box 20667, Phoenix, AZ 85036

Main: (888) 252-0505 SCAC CODE: ACDO

www.accuratecargo.com



STRAIGHT BILL OF LADING - ORIGINAL

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DATE:			NOT NEGOT	TABLE				
CUSTOMER P.O. NL	JMBER:			SHIPPER'S BOL NUMBE	R:			
TO:				FROM:				
CITY:	S7	Г:	ZIP:	_ CITY:	ST:	ZIP:		
CONTACT:		PH	ONE:	_ CONTACT:	PHON	IE:		
			Charges May Apply)	BILL TO (THIRD F	PARTY)			
☐ Notify Prior T	•		pintment Required	BILL TO NAME:				
Liftgate Servi			dential Delivery					
Inside Delive	ry	U Otne	r:	CITY:	ST:	ZIP:		
COD DSHI	D. FEE TO BE PA	ID BY	and all other lawful SIGNATURE OF COMPANY CHECK OK CASH OR CERTIFIED FUNDS	REMIT NAME: C.O.D. ADDRESS:				
\$	PACKAGING TYPE	HM		CITY:	ST:	ZIP:		
TOTAL UNITS H	lazardous Materia	als Emerger	ncy Response: Phone Number: #			TOTAL WGT		
the carrier and are available consigned and destined as all conditions not prohibited NOTE (1) Where the rate is	e to the shipper on req shown above, which s I by law, whether printe s dependent on value, s per 10 100 Series rules Tar	uest or at www said carrier agre ed or written, he shippers are req	cts that have been agreed upon in writing betwe Accuratecargo.com. The property described a sest to carry to destination, if its route or otherwise erein contained, including the terms and conditi juired to state specifically in writing the agreed or or Excess liability coverage requested Commodities requiring special or additional car	bove, in apparent good order, except se to deliver to another carrier on the ons of the ACDO 100 series rules tari declared value of the property as follows	as noted (contents and condition or route to destination. Every service t ff, which is hereby agreed to by the s: The agreed or declared value of the	f the contents of packages unkno to be performed hereunder shall le shipper and accepted for him or e property is specifically stated by t	be subject to r his assigns. the shipper to	
			aterials above are properly classified, packaged, marke applicable regulations of Department of Transportatio		CARGO DELIVERY SYSTE	MS, INC. (ACDO)		
SHIPPER:				_ DRIVER:	N	NO. UNITS REC:		
X	<u></u>		DATE:	_ DATE:	TIME IN:	TIME OUT:		
CONSIGNEE								
RECEIVED BY:			NAME:	DATE:	TIME IN:	NO. UNITS REC:		