



**Tillamook & Lincoln City:** 1-800-558-8217,  
 FAX: 503-842-6156.  
**Portland, McMinnville & Hood River:**  
 1-800-527-8593 FAX: 503-232-9402  
**Astoria:** 1-800-541-1854 FAX: 503-325-4774

**Coos Bay:** 1-888-722-5201 FAX: 541-269-2773  
**Eugene:** 541-338-7662 FAX: 541-349-8058  
**Medford & Klamath Falls:** 1-888-245-5939  
 FAX: 541-245-3177

|                              |
|------------------------------|
| Shipper No:<br>_____         |
| Purchase Order No.:<br>_____ |
| Date Shipped:<br>_____       |

Serving Western Oregon & Southwest Washington overnight daily

Shipper Information (FROM)

Consignee Information (TO)

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Name: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

BILL FREIGHT CHARGES TO (If different than above)  To Be Prepaid  Collect  Third Party

Bill to Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

| Number of Units | HM | Description of Freight | Weight | Class |
|-----------------|----|------------------------|--------|-------|
|                 |    |                        |        |       |
|                 |    |                        |        |       |
|                 |    |                        |        |       |
|                 |    |                        |        |       |
|                 |    |                        |        |       |

|                            |  |   |  |
|----------------------------|--|---|--|
| COD AMT:<br>\$ _____       | <b>1. Shipper Select:</b><br><input type="checkbox"/> Cash or Certified Check<br><input type="checkbox"/> Consignee Check Okay<br><br><b>2. COD Fee to be paid by</b><br><input type="checkbox"/> Shipper <input type="checkbox"/> Consignee | Remit COD to: (If different than Shipper Above)<br>Name _____<br>Street _____<br>City _____<br>State _____ Zip Code _____ | Charges<br>Advanced \$ _____<br>Remit To: <input type="checkbox"/> Shipper<br><input type="checkbox"/> Other<br>If other than shipper, write name & address in description columns |
| _____<br>Shipper signature |  |   |  |

Received subject to the classifications and tariffs in effect on the date of issue of the Bill of Lading. Shipper hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assignee. This is to certify that the above named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

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

Subject to Section 7 of the 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

\$ \_\_\_\_\_ per pound. \_\_\_\_\_  
 (Consignor Signature)

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

|             |              |                       |
|-------------|--------------|-----------------------|
| Piece Count | Pallet Count | Date & Time picked up |
|-------------|--------------|-----------------------|

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Driver Signature