



Western Washington: (800) 942-9909
 Eastern Washington and Idaho: (800) 936-4321
 Oregon and S.W. Washington: (800) 800-0461
 Olympic Peninsula: (800) 562-5956
 Rates: (800) 942-9909

www.peninsulatruck.com

Shipper No.
P.O. No.
Rate Quote No.
Date

TO: CONSIGNEE <input type="checkbox"/>	FROM: SHIPPER _____
STREET AND NO. _____	STREET AND NO. _____
CITY AND STATE _____ ZIP CODE _____	CITY AND STATE _____ ZIP CODE _____
PHONE () _____	PHONE () _____

BILL TO NAME (If different than above) _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

**CAREFULLY AFFIX
 PRO NO. LABEL
 HERE**

▼ Mark "X" in "HM" column for Hazardous Materials.

Package Count	Type Pkgs	HM (X)	Description of Articles, Special Marks, and Exceptions	NMFC Item	Class	Weight Subject to Correction	SHIPPER SELECT: FREIGHT CHARGES ARE TO BE PREPAID UNLESS MARKED COLLECT. <input type="checkbox"/> COLLECT

FOR FREIGHT COLLECT SHIPMENTS:
 If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

 (Signature of Consignor)

Note (1) 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 pound

For hazardous materials mark "X" in the "HM" COLUMN. Provide the proper description, hazardous classification and UN/NA number.

Dimensions (in Inches)- Please list the number of pieces for each set of dimensions (e.g. 3 @ 40 x 48 x 48)

Pcs @	Length	Width	Height	Pcs @	Length	Width	Height	Pcs @	Length	Width	Height

C O D \$ _____ (AMOUNT) X _____ (SHIPPER SIGNATURE)	1. THE LETTERS C.O.D. MUST APPEAR IN BOX BEFORE CONSIGNEE'S NAME ABOVE 2. SHIPPER SELECT: <input type="checkbox"/> CASHIER'S CHECK ONLY <input type="checkbox"/> CONSIGNEE'S CHECK "OK" 3. C.O.D. FEE PAID BY: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE	4. REMIT C.O.D. TO: (If different than shipper above) NAME _____ STREET _____ CITY _____ STATE _____ ZIP _____
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"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."
 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 document in the vehicle.

SHIPPER	PENINSULA TRUCK LINES	DELIVERING CARRIER	
PER	AGENT OR DRIVER	TRAILER NO.	
PERMANENT ADDRESS OF SHIPPER	DATE	PIECE COUNT	HANDLING UNITS

RECEIVED, subject to individually determined rates or contract 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. The property described above received in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown above, which said carrier agrees to carry to said destination, of on its route, or otherwise to another carrier, designated above, to destination. 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 terms and conditions of the Uniform Domestic Straight Bill of Lading set forth in the National Motor Freight Classification in effect on the date hereof. Note (2) Maximum liability for loss or damage on this shipment shall not exceed \$25.00 per pound unless otherwise agreed to between shipper and Peninsula Truck Lines, Inc. See 49 U.S.C. § 14706 (c)(1)(A) and (B). Note (3) Commodities requiring special or additional care or attention in handling or stowing must be or marked and packaged as to ensure safe transportation with ordinary care. See Sec 2(e) of NMFC item 360.