

PLACE  
PRO LABEL HERE

**STRAIGHT BILL OF LADING  
SHORT FORM**



**SPECIAL SERVICES: ADDITIONAL CHARGES MAY BE INCURRED**

INSIDE PICKUP   
  INSIDE DEL.   
  LIFTGATE PICKUP   
  LIFTGATE DEL.   
  RESIDENTIAL PU   
  RESIDENTIAL DEL.  
 CONSTRUCTION SITE PU   
  CONSTRUCTION SITE DEL.   
  DOCK TO DOCK   
 CARRIER: \_\_\_\_\_   
 OTHER: \_\_\_\_\_

**Carrier: All Freight charges are to be billed to Metro Transportation Services Inc. Acct#** \_\_\_\_\_

DATE \_\_\_\_\_ SHIPPER NO. \_\_\_\_\_ CUSTOMS BROKER \_\_\_\_\_

<b>SHIPPER FROM</b>		
STREET		
CITY	ST	ZIP
PHONE NO.		
<b>BILL TO</b> Metro Transportation Services Inc.		
ADDRESS		
CITY	ST	ZIP
<b>ACCT#</b>		

<b>CONSIGNEE TO</b>		
STREET		
CITY	ST	ZIP
PHONE NO.		
<b>REQUESTED DELIVERY WINDOW</b>		
<b>PURCHASE ORDER NUMBER</b>	# PKGS	WEIGHT

Handling Units	No. Pkgs	HM	Kind of Packing, Description of Articles, Special marks & Exceptions	Weight	Class	NMFC No.	Rate	Amount \$

Total Number of Pkgs	General Description of Shipment	Total Weight	Total Amount \$	<input type="checkbox"/> CDN	<input type="checkbox"/> USD

Check to designate Hazardous Materials as defined in DOT Regulations.

**VALUATION**

DECLARE VALUE OF SHIPMENT :

**Freight Charges are PREPAID**  
unless marked collect.  CHECK BOX IF COLLECT

C.O.D. SHIPMENT      C.O.D. AMOUNT \$:

   C.O.D. FEE \$:

   C.O.D. TOTAL \$:

This is to certify that the above named materials are properly Classified, packaged, marked and labeled, and are in proper condition for transportation.	Carrier acknowledges receipt of packages and required placards.	Consignee acknowledges that the above named materials have been received in apparent good order, except as noted (contents And conditions of contents of package unknown).
SHIPPER	CARRIER	CONSIGNEE
AUTHORIZED SIGNATURE    DATE    TIME	AUTHORIZED SIGNATURE    DATE    TIME	AUTHORIZED SIGNATURE    DATE    TIME

**THANK YOU FOR USING METRO TRANSPORTATION SERVICES INC.**