

Transport Bill of Lading

Shipper/Exporter:

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Consignee:

Name: _____

Address: _____

City/State/Zip: _____

Country: _____

Carrier Name: _____

Agent (if applicable): _____

Point of Origin: _____

Final Destination: _____

Route (if applicable):

1. _____

2. _____

3. _____

Transportation Mode (e.g., Road, Rail, Air, Sea): _____

Vehicle/Flight/Vessel No.: _____

Date of Shipment: _____

Expected Delivery Date: _____

Description of Goods:

1. _____ | Qty: _____ | Weight: _____
2. _____ | Qty: _____ | Weight: _____
3. _____ | Qty: _____ | Weight: _____

Special Handling Instructions:

Declared Value of Cargo: \$ _____

Freight Charges:

Prepaid: _____ Collect: _____ Third Party: _____

Bill of Lading Number: _____

Shipment Reference Number: _____

Signatures:

Shipper: _____

Carrier: _____

Receiver (Consignee): _____