

# Shipping large freight



The OptiFreight® Logistics team is dedicated to helping you select the best carriers and the right services for your large freight shipments.

Call **866.457.4579**, option 2 or email **OptiFreightLTL@cardinalhealth.com** for routing instructions.

## Complete the OptiFreight® Logistics Bill of Lading in just four steps:

- 1 Fill out the "Ship To" address.
- 2 Include any special instructions required for handling the shipment.
- 3 Include any reference numbers associated with the shipment.
- 4 Contact the OptiFreight® Logistics Solutions team at **866.457.4579**, option 2 or **OptiFreightLTL@cardinalhealth.com** to let them know that your shipment is ready.

## We will ask about the following characteristics of your shipment:

- Origin and destination addresses
- Packaged weight and product description
- Number and type of units (skids, boxes, loose items)
- Freight class or shipping dimensions

For questions or to acquire more pre-printed Bills of Lading, contact our Logistics Solutions team at **866.457.4579**, option 2 or email **OptiFreightLTL@cardinalhealth.com**

### What is large freight?

- Combined shipment **weight exceeds 150 lbs.**
- Item(s) on a **pallet**
- Bulky or **oversized items**
- Items **exceeding 96 in.**


### Examples of large freight:

- Bulk orders of consumable goods
- Transfers of cabinets, carts, shelving, furniture, etc. between facilities
- Copiers, printers, paper
- IT or lab equipment
- Trade show booth and materials
- Salt pellets, trash cans, maintenance items
- Large items sent for repair or returns



## Sample Bill of Lading

**Complete the areas** on your Bill of Lading shown here in yellow, then contact our Logistics Solutions team at **866.457.4579** or **OptiFreightLTL@cardinalhealth.com** for assistance with the rest of the document.

 <b>BILL OF LADING</b>		<b>BOL NO:</b> ABC1234567	
<b>Ship From</b> My facility 987 Elm St New York, NY 54321 John Doe, P: 800-654-3210 F: 800-456-7890		<b>Carrier:</b> YRC Corporation <b>Pickup Date:</b> 05-15-2014	
<b>Ship To</b> Supplier ABC 123 Main St Anytown, OH 12345		<b>Origin Terminal</b> New York, NY P: 800-123-4567 F: 800-987-6543 <b>Destination Terminal</b> Anytown, OH P: 800-654-3210 F: 800-456-7890	
<b>3rd Party Freight Charges Bill To</b> OptiFreight Logistics 7000 Cardinal Pl. Dublin, OH 43017		<b>References:</b> Customer PO 130454	
<b>Special Instructions:</b> *****All accessorial charges bill to OptiFreight Logistics*****		<b>Freight Terms:</b> Prepaid: ____ Collect: ____ 3rd Party: <u> x </u>	
<b>Accessorials:</b> Lift-gate, trash removal			
No. of Units & Container Type 2 PLT	<b>HM</b> brackets	<b>BASIC DESCRIPTION</b> <small>(Identification Number (UN or NA), Proper Shipping Name, Hazard Class, Packing Group, per 172.101, 172.202, 172.203)</small>	<b>TOTAL QUANTITY</b> <small>(Weight, Volume, Gallons, etc.)</small> 720 lb
			<b>WEIGHT</b> 720
			<b>NMFC</b> 70.0
			<b>LTL Class</b>
<b>Contact our Logistics Solutions team at 866.457.4579 or OptiFreightLTL@cardinalhealth.com to complete this form.</b>			
<b>2</b>		<b>GRAND TOTALS:</b>	
720 lb		720	
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows: "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."			
<b>Remit COD to:</b>			
<b>Collect ____ Prepaid ____ Customer check acceptable ____ COD Amount:</b>			
<b>Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC 14706(c)(1)(A) and (B).</b>			
Received, subject to individually determined rates or contracts 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, and to all applicable state and federal regulations.	<b>Trailer Loaded:</b> ____ by Shipper ____ by Driver	<b>Freight Counted:</b> ____ by Shipper ____ by Driver	The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Shipper: _____
<b>Shipper Signature/Date:</b> This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Shipper: _____		<b>Carrier Signature/Pickup Date:</b> 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 documentation in vehicle. Property described above is received in good order, except as noted. Carrier: _____	