



88 TRANSPORTATION, INC.

13875 Norton Ave.,
Chino, CA 91710

Tel: (626) 333-8088 Fax: (562) 250-3160

Form V.2.0.2

Order No. _____

STRAIGHT BILL OF LADING ORIGINAL SHORT FORM-NOT NEGOTIABLE

SHIPPER (ORIGIN)		ACCOUNT NUMBER				9. DATE	
1. FROM: SHIPPER		6. CONTACTS					
2. STREET		7. SHIPPER'S NUMBER		10. REF #			
3. CITY, STATE, ZIP		8. CUSTOMER P.O. NO.		11. B/L #			
4. TEL		5. CONTACT					
CONSIGNEE (DESTINATION)				THIRD PARTY			
12. TO: CONSIGNEE				17. BILL TO: NAME		ACCT #	
13. ADDRESS				18. ADDRESS			
14. CITY, STATE, ZIP				19. CITY, STATE, ZIP			
15. TEL		16. CONTACT		20. TEL		21. FAX	
NO. OF PACKAGES	PLT	KIND OF PACKAGE, DESCRIPTION OF ARTICLES	NMFC CODE	CLS	PALLET RATE(✓)	QUOTE #	WEIGHT LBS. (Subject to correction)
TOTAL PCS:						TOTAL WEIGHT:	
28. DECLARED VALUE: Shipper has read and understands that 88 Transportation, Inc. will charge \$0.50 per \$100.00 declared. If freight collect and consignee refuse to pay such charge, shipper will be fully responsible. 88 Transportation, Inc. default coverage will be waived on declared value shipment.					29. SUBJECT TO SECTION 7 OF THE CONDITIONS: If this shipment is to be delivered to the consignee without the 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.		
Shippers Signature _____ Declared Value \$ _____					_____ (Signature of Consignor)		

88 Transportation Cargo Liability:

Unless a greater value is declared herein under **declared value**, the shipper agrees and declares that the value of the property is released to a value not exceeding \$2 per pound, with a maximum value of \$100.00 per unit per box. There will be no insurance coverage for live plants and time concern products.

Cargo Claims:

All claims must be filed within 30 days of shipment delivery. 88 Transportation, Inc. reserves the right to refuse those claims if they are submitted after this due date. Carrier's liability for loss or damage will be the lesser of (1) actual invoice value (replacement value of commodities of article(s) lost, damaged or destroyed), or (2) maximum of 88 Transportation, Inc.'s limited liability policy. In case a partial shipment is lost, damaged, or destroyed, 88 Transportation, Inc. will limit its liability for such claim to the lesser of (1) average weight per case per shipment, or (2) average unit / case per shipment.

23. FREIGHT CHARGES ARE PREPAID UNLESS OTHERWISE MARKED

- PREPAID**
- COLLECT**
- THIRD PARTY**

SHIPPER (CONSIGNOR)	
This is to certify that the above named materials are properly classified, described, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation. I understand 88 Transportation, Inc. has the right to hold my shipment if I don't report description of articles properly. I agree to all terms in this Bill of Lading.	
Authorized Signature: _____	
Date: _____	

88 TRANSPORTATION, INC. DRIVER ONLY		
DATE: _____		
DRIVER SIGNATURE: _____		
DRIVER REMARK: _____		
PLT	PCS	STC
		<input type="checkbox"/> YES <input type="checkbox"/> NO

OFFICE USE ONLY	
PCS	PLT
STC	
WTS	
OVERSIZE	
NOTED:	
BY:	

Nothing in this bill of lading shall limit the right of the carrier to require the prepayment or guarantee of the charges at the time of shipment or prior to delivery. If the description of articles or other information on this bill of lading is found to be incorrect or incomplete, the freight charges must be paid based upon the articles actually shipped.	
CONSIGNEE	
My signature below indicates the the shipment was received in good condition except as noted.	
Print Name: _____	
Authorized Signature: _____	
Date: _____	

<input type="checkbox"/> Check box if shipment is not visible to count. Carrier is only responsible for pallet count but not pieces (boxes) count.	
<input type="checkbox"/> Pallet Exchange Shipper Initial: _____	
FREIGHT COLLECT - DRIVER ONLY	
<input type="checkbox"/> Cash	
<input type="checkbox"/> Check (Please indicate Check #) : _____	
Driver Initial: _____	
Amount Collected: _____	
Time in: _____ Time out: _____	