



**PLACE
PRO STICKER
HERE**

STRAIGHT BILL OF LADING - 1.866.DAY.ROSS

MONTH	DATE DAY	YEAR	<input type="checkbox"/> LEVEL OF SERVICE <input type="checkbox"/> GENERAL	C.O.D AMOUNT _____ CURRENCY: <input type="checkbox"/> CDN <input type="checkbox"/> U.S.	Pick Up Information Telephone Number: _____ Contact Name: _____ Ready Date & Time: _____ Closing Time: _____	
<input type="checkbox"/> PRIVATE RESIDENCE PICK UP <input type="checkbox"/> PRIVATE RESIDENCE DELIVERY <input type="checkbox"/> PALLETS BEING RETURNED <input type="checkbox"/> HAZARDOUS GOODS* <input type="checkbox"/> APPOINTMENT DELIVERY(DATE/TIME)			<input type="checkbox"/> TAILGATE PICK UP <input type="checkbox"/> HEATED SERVICE <input type="checkbox"/> TRADE SHOW PU <input type="checkbox"/> INBOND		<input type="checkbox"/> TAILGATE DELIVERY <input type="checkbox"/> TEMPERATURE CONTROL(TL ONLY) <input type="checkbox"/> TRADE SHOW DELIVERY	
*this shipment contains dangerous goods as set out in the attached shipper's declaration				REQUESTED BY: <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> BILL TO <input type="checkbox"/> THIRD PARTY EMAIL: _____		

SHIPPER	CONSIGNEE
DAY & ROSS ACCT. NO. _____ TEL. NO. _____	DAY & ROSS ACCT. NO. _____ TEL. NO. _____

SHIPPER'S NAME _____	CONSIGNEE'S NAME _____
PICK UP ADDRESS _____	DELIVERY ADDRESS _____

CITY _____ PROV. _____ COUNTRY _____ POSTAL CODE _____	CITY _____ PROV. _____ COUNTRY _____ POSTAL CODE _____
--------------------------------------------------------	--------------------------------------------------------

METHOD OF PAYMENT <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT <input type="checkbox"/> CASH IN ADVANCE AMOUNT _____ CURRENCY: <input type="checkbox"/> CDN <input type="checkbox"/> THIRD PARTY BILL TO ACCOUNT NUMBER _____ <input type="checkbox"/> VISA <input type="checkbox"/> M.C. <input type="checkbox"/> AMX EXPIRY DATE _____ CARD NO _____	OTHER BILL TO PARTICULARS BILL TO: _____ BILL TO ADDRESS _____ _____ _____ GST: _____ CITY _____ PROV. _____ COUNTRY _____ POSTAL CODE _____
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------

SPOT QUOTE NO. _____	ROUTING OR SPECIAL INSTRUCTIONS _____	MAXIMUM LIABILITY OF \$2.00/LB OR \$4.41/KG COMPUTED ON THE TOTAL ACTUAL WEIGHT UNLESS DECLARED VALUATION STATES OTHERWISE. PLEASE SEE ADDITIONAL TERMS AND CONDITIONS ON REVERSE.
----------------------	---------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

NO. OF PCS.	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	WEIGHT <input type="checkbox"/> LBS <input type="checkbox"/> KGS	DECLARED VALUE <input type="checkbox"/> CDN. <input type="checkbox"/> U.S.	DIMENSIONS	CHARGES
ALL USED HOUSEHOLD GOODS AND PERSONAL EFFECTS SHIPPED AT SHIPPER'S RISK OF DAMAGE					

The uniform TERMS OF CARRIAGE apply to this BILL OF LADING. (See Term and Condition No. 1) NOTICE OF CLAIM must be submitted in writing within sixty (60) days of delivery. (See Term and Condition No. 2) The carrier's maximum liability is limited by the TERMS AND CONDITIONS of the Bill of Lading. (See Term and Condition No. 5)

SHIPPER'S REF. NO. _____	PICK-UP DATE _____	NO. OF PCS. _____
SHIPPER'S SIGNATURE _____	DAY & ROSS DRIVER _____	PURCHASE ORDER _____
PRINT _____	POWER NO. _____	TRAILER NO. _____

Driver Copy