



BILL OF LADING

YOUR COMPANY NAME

DESTINATION CITY - TOWNSHIP

PRECEDENCE	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	SUBJECT TO CONDITIONS	DATE	RECEIVED BY
PRECEDENCE				

TOTAL \$

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

SHIPPER'S NO. 1001

94-09 (8 1/2 x 9 1/8) Bill of Lading-Short

BILL OF LADING

YOUR COMPANY NAME

DESTINATION CITY - TOWNSHIP

PRECEDENCE	DESCRIPTION OF ARTICLES AND SPECIAL MARKS	SUBJECT TO CONDITIONS	DATE	RECEIVED BY
PRECEDENCE				

TOTAL \$

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

SHIPPER'S NO. 1234

NEW 94-10 (8 1/2 x 11 5/8) Bill of Lading-Long

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

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NO. OF PACKAGES X

NET WEIGHT

NET WEIGHT CHARGES

TOTAL

NEW 94-11 (4 1/4 x 9 1/8) Waybill

DELIVERY SLIP

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

1001

SOLD TO: _____ SHIP TO: _____

DATE	SALESPERSON	CUSTOMER ORDER NO.	DATE SHIPPED	SHIPPED VIA	OUR NUMBER
CITY ORDERED	CITY SHIPPED	BLACK CHECKED	DESCRIPTION	UNIT PRICE	TOTAL PRICE

NO. CARTONS TOTAL WEIGHT ORDER COMPLETE BALANCE TO FOLLOW PAID CHG. C.O.D. RECEIVED IN GOOD ORDER BY

NEW 94-12 (8 1/2 x 7 5/8) Delivery Slip

PACKING LIST

YOUR COMPANY NAME
YOUR STREET ADDRESS
YOUR CITY, PROV. & P.C.
YOUR PHONE NO. & FAX NO.

1001

SOLD TO: _____ SHIP TO: _____

CUSTOMER ORDER NO.	DATE SHIPPED	SHIPPED VIA	OUR NUMBER	SALESPERSON
QUANTITY	ITEM NUMBER	I.D.	DESCRIPTION	

CARTONS TOTAL WEIGHT ORDER COMPLETE BALANCE TO FOLLOW PACKED BY CHECKED BY

NEW 94-13 (8 1/2 x 7 5/8) Packing List

