Date:

UNIFORM_STRAIGHT_BILL_OF_LADING

SHIP FROM "SHIPPER"

Name:
Address:
City/State/Zip:
SID#:

PRO STICKER HERE

SHIP TO "CONSIGNEE"

Name:
Address:
City/State/Zip:
CID#:

PREPAID 3rd. PARTY BILL TO:

GLORY DAYS TRANSPORTATION INC.
80 BURR RIDGE PARKWAY #135
BURR RIDGE, ILLINOIS 60527

HOT RUSH DELIVER ASAP

☐ (check box) Master Bill of Lading: with attached underlying Bills of Lading

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP (CIRCLE ONE)	ADDITIONAL SHIPPER INFO
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
			Y N	
GRAND TOTAL				

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION (Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. *See Section 2(e) of NMFC Item 360*)	LTL ONLY NMFC #	LTL ONLY CLASS
						GRAND TOTAL		

Glory Days Transportation is not responsible for any additional services requested without written authorization from a Glory Days representative This can be obtained by calling 630-986-1772 or faxing 630-986-1726

Prepaid 3rd. Party Bill to: **Glory Days Transportation Inc.**
80 Burr Ridge Parkway #135
Burr Ridge IL 60527

NOTE Liability Limitation for loss or damage in this shipment may be applicable.

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.

SHIPPER SIGNATURE / DATE	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE
	☐ By Shipper ☐ By Driver	☐ By Shipper ☐ By Driver/pallets said to contain ☐ By Driver/Pieces	

Reset

Print