

I

## **BILL OF LADING**

Page 1 of \_\_\_\_\_

|  |                                  |                 | SHI             | FROM            |  |                 |   |   |  |  |  |  |  |              |
|--|----------------------------------|-----------------|-----------------|-----------------|--|-----------------|---|---|--|--|--|--|--|--------------|
| SHIP FROM<br>Name:   |                                  |                 |                 |                 |  |                 |   |   | Bill of Lading Number:                             |  |  |  |  |              |
| Address:   |                                  |                 |                 |                 |  |                 |   |   |  |  | -  |  |  |              |
| City/State/Zip:  |                                  |                 |                 |                 |  |                 |   | BAR CODE SPACE  |  |  |  |  |  |              |
| SID#:  | 10/ <i>L</i> ip:                 |                 |                 |                 |  |                 |   |   |  |  | DA   |  | SFACE  |              |
| FOB.   |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  |  |              |
| SHIP TO   Name: Location #:  |                                  |                 |                 |                 |  |                 |   | CARRIER NAME: WHITESTAR<br>Trailer number:  |  |  |  |  |  |              |
| Address:   |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  |  |              |
|  |                                  |                 |                 |                 |  |                 |   | Seal number(s):   |  |  |  |  |  |              |
| City/State/Zip:  |                                  |                 |                 |                 |  |                 |   | SCAC: CUFO  |  |  |  |  |  |              |
| CID#: FOB: 🗖   |                                  |                 |                 |                 |  |                 |   | Pr  | o numbe  | er:  |  |  |  |              |
| Marras   | T                                | HIRD PAP        | RTY FREIG       | HT CHAR         | GES B  | ILL TO:         |   |   |  |  | _  |  |  |              |
| Name:  |                                  |                 |                 |                 |  |                 |   |   | BA   | R CODE   | SPACE  |  |  |              |
| Address:   |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  |  |              |
| City/Sta   | te/Zip:                          |                 |                 |                 |  |                 |   |   | Freight Charge Terms: (freight charges are prepaid |  |  |  |  |              |
|  |                                  |                 | 10              |                 |  |                 |   |   | unless marked otherwise)                           |  |  |  |  |              |
| SPECIA   | L INSTF                          | RUCTION         | NS:             |                 |  |                 |   |   | Pre  | epaid  |  | Collect _                              | 3 <sup>rd</sup> P  | arty         |
|  |                                  |                 |                 |                 |  |                 |   |   |  |  | l  | Master Bill of La                      |  | hed          |
|  |                                  |                 |                 |                 |  |                 |   |   | (check box)  | ) (  | underlying Bills                                     | of Lading                              |  |              |
|  |                                  |                 |                 |                 | C  | USTOM           |   | DER INFOR   | 2 M A  |  |  |  |  |              |
| CUST   | FOMER C                          | RDER N          | UMBER           | # F             | PKGS   |                 | EIGH  | T PAI   | LLE  | T/SLIP   |  | ADDITIONA                              | L SHIPPER IN   | FO           |
|  |                                  |                 | - 1             |                 |  |                 |   | (CI   | IRCL   | E ONE)   |  |  |  |              |
|  |                                  |                 | _               |                 |  |                 |   |   |  | N  |  |  |  |              |
|  |                                  |                 | - 1             |                 |  |                 |   |   |  | N  |  |  |  |              |
|  |                                  |                 | - 1             |                 |  |                 |   | ľ   |  |  |  |  |  |              |
|  |                                  |                 | _               |                 |  |                 |   | Ŷ   |  | N  |  |  |  |              |
|  |                                  |                 |                 | DON             |  |                 |   |   |  | N  |  |  |  |              |
| GRAND  | TOTAL                            |                 |                 | <b>HHN</b>      | <u> 3                                   </u> |                 | <u>LU</u>   | G   |  |  |  |  |  |              |
|  |                                  | BAC             |                 |                 |  | CAR             | RIER  | NFORMAT   |  |  |  | TION                                   |  |              |
| HANDLING PACKAGE<br>UNIT   |                                  |                 |                 |                 |  |                 |   |   |  | ODITY DESCRIPTION  |  |  |  |              |
| QTY  | QTY TYPE QTY TYPE WEI            |                 |                 | WEIG            | EIGHT H.M.                                   |                 |   | Commodities requiring special or additional care or attention in h<br>must be so marked and packaged as to ensure safe transportation |  |  |  |  | NMFC #   | CLASS        |
|  |                                  |                 |                 |                 |  | (X)             |   |   |  |  |  |  |  |              |
|  |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  |  |              |
|  |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  | DEOD   |              |
|  |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  | RECE   | IVING        |
|  |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  | STAMP  | SPACE        |
|  |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  |  |              |
|  |                                  |                 |                 |                 |  |                 |   | G   | BR/  | AND TO   | DTAL   | -                                      |  |              |
|  | ate is depende<br>property as fo |                 | shippers are re | equired to stat | e specifica                                  | ally in writing | the agree   | ed or declared  |  | COD Am   | nount:   | \$                                     |  |              |
|  |                                  |                 | roperty is spec | fically stated  | by the ship                                  | oper to be no   | t exceedi   | ing   |  | Fe   |  | ms: Collect:                           |  |              |
|  | pe                               |                 | "               |                 |  |                 |   |   |  |  | Cust   | omer check a                           | cceptable:   | ]            |
| NOTE L   |                                  |                 | for loss o      | or damage       | e in thi                                     | s shipm         | ent ma  | ay be appli   | icab   | ole. See 4   | 19 U.S.  | C. ■ 14706(c)(1)                       | )(A) and (B).  |              |
| RECEIVED,  | subject to inc                   | lividually dete | rmined rates o  | r contracts the | at have be                                   | en agreed u     | pon in wr   |   |  | The carrier s  | shall not  | make delivery of th<br>lawful charges. |  | t payment of |
|  |                                  |                 | per, on reques  |                 |  |                 |   |   |  |  |  |  | S  | hipper       |
| SHIPPER SIGNATURE / DATE Trailer Loaded: Freight Count   |                                  |                 |                 |                 |  |                 |   |   | Signature  |  |  |  |  |              |
| This is to perfit that the phase period metacials are presently alreading and the second |                                  |                 |                 |                 |  |                 |   |   |  |  | CARRIER SIGN<br>Carrier acknowledges rece            | ipt of packages and requir             | red placards.  |              |
| described, packaged, marked and labeled, and are in proper condition for<br>transportation according to the applicable regulations of the U.S. DOT.  |                                  |                 |                 |                 |  | By Shipper      |   |   |  | Carrier certifies emergence<br>and/or carrier has the U.S. |  |  | y response information was made available<br>. DOT emergency response guidebook or |              |
|  |                                  | В               | By Driver       | _               |  |                 | allets said to contain<br>Property described above is |   |  |  | the vehicle.<br>is received in good order, except as |  |  |              |
| By Driver/F  |                                  |                 |                 |                 |  |                 |   |   | ieces  | S  |  | noted.                                 | -  |              |
|  |                                  |                 |                 |                 |  |                 |   |   |  |  |  |  |  |              |

| Date: |                  |               |     | SUPPLE | MENT         | TO TH                             | IE BIL                                | LOF                                     | LADING  | Page           |       |
|-------|------------------|---------------|-----|--------|--------------|-----------------------------------|---------------------------------------|---|---|----------------|-------|
|       |                  |               |     |        |              |                                   | Bill o                                | f Ladin                                 | g Number:   |                |       |
|       |                  |               |     | CU     | STOME        | R ORDER                           | INFORM                                | IATION                                  |   |                |       |
| C     | USTOM<br>NUI     | er or<br>Mber | DER | # PKGS | 6 W          | /EIGHT                            | PALLET/SLIP<br>(CIRCLE ONE)           |   | ADDITIONA   | L SHIPPER INFO |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y<br>Y                                | N<br>N                                  |   |                |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y<br>Y                                | N<br>N                                  |   |                |       |
|       |                  |               |     |        |              |                                   | r<br>Y                                | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               |     |        |              |                                   | Y                                     | N                                       |   |                |       |
|       |                  |               | _   |        |              | _                                 | Y                                     | N N                                     | C - S   |                |       |
| P     | AGES             |               | ται |        |              |                                   |                                       |   |   |                |       |
|       |                  | OBIO          |     |        | CAR          | RIER INFO                         | RMATIC                                | DN                                      |   |                |       |
|       | HANDLING PACKAGE |               |     | RANSPO | RT 8         |                                   | MMOD                                  | TY DE                                   | SCRIPTION   | LTL ONLY       |       |
| QTY   | TYPE             | QTY           |     | WEIGHT | ₩.M.⊟<br>(X) | Commodities re<br>must be so mark | equiring special of<br>ed and package | or additional care<br>d as to ensure sa | or attention in handling or stowing<br>ife transportation with ordinary care. | NMFC #         | CLASS |
|       |                  |               |     |        |              |                                   |                                       |   |   |                |       |
|       |                  |               |     |        |              |                                   |                                       |   |   |                |       |
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|       |                  |               |     |        |              |                                   |                                       |   |   |                |       |
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|       |                  |               |     |        |              |                                   |                                       |   |   |                |       |
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|       |                  |               |     |        |              |                                   |                                       |   |   |                |       |
|       |                  |               |     |        |              |                                   | PAGE                                  | E SUBT                                  | OTAL  |                |       |