



STRAIGHT BILL OF LADING - SHORT FORM

ORIGINAL - Not Negotiable

**POZAS BROS. TRUCKING CO.**

No.

81 30 ENTERPRISE DR.  
NEWARK, CA 94560  
PHONE (510) 742-9939

13901 MICA AVE.  
SANTA FE SPRINGS, CA 90670  
PHONE (562) 299-0046

2615 EAST DOROTHY  
FRESNO, CA 93725  
PHONE (559) 485-8751

3018 LOOMIS  
STOCKTON, CA 95205  
PHONE (209) 465-6247

**TOLL FREE 800-874-8383**

**800-874-1582**

**800-782-4004**

**800-874-8383**

RECEIVED, subject to the classifications and tariffs in effect on the date of the issue of this Bill of Lading,

<b>From Shipper Address</b>				Purchase Order No.
<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Date</b>	Shipper's Number
			/ / 20	

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned and destined as indicated below, which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed, as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the terms and conditions of the Uniform Domestic Straight Bill of Lading set forth (1) in Uniform Freight Classification in effect on the date hereof, if this is a rail or a rail-water shipment, or (2) in the applicable motor carrier classification or tariff if this is a motor carrier shipment. Shipper hereby certifies that he is familiar with all the terms and conditions of this said bill of lading, including those on the back thereof, set forth in the classification or tariff which governs the transportation of this shipment, and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

<b>COD \$</b>	THE LETTERS <b>COD</b> MUST APPEAR IN BOX BEFORE CONSIGNEE'S NAME BELOW	PARTY RESPONSIBLE FOR FREIGHT CHARGES MUST PAY COD COLLECTION FEE	<input type="checkbox"/> CUSTOMER CHECK OK	<input type="checkbox"/> CERTIFIED CHECK ONLY	CUSTOMER PHONE NO.
	<b>Consignee</b>				

<b>Destination Address</b>	<b>State</b>	<b>Zip</b>
<b>City</b>		

No. Pkgs.	*H/M	Kind of Package • Description of Articles, Special Marks and Exceptions	*Weight (Sub. to Cor.)	Class

Subject to Section 7 of Conditions of applicable bill of lading, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor or shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "To be Prepaid."

**TO BE PREPAID**

**COLLECT**

**\*3RD PARTY BILLING**

*3RD PARTY BILLING	BILL TO NAME
	ADDRESS
	CITY STATE ZIP

Received \$ \_\_\_\_\_ to apply in prepayment of the charges on the property described hereon.

Agent or Cashier \_\_\_\_\_

Per \_\_\_\_\_ (The Signature here acknowledges only the amount prepaid.)

**"This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation."**

The agreed or declared value of the property specifically stated by the shipper will not exceed \$1.00 per lb.

Shipper _____	Received in good condition <b>Pozas Bros. Trucking Co.</b>	RECEIVED IN GOOD CONDITION - CONSIGNEE
Per _____ Perm. P.O. address of Shipper	Driver _____ Date _____ Pcs. _____	Firm Name _____ No. Pcs. _____
		By _____ Date _____ (Full Name No Initials Please)

1



THIS SHIPPING ORDER

must be legibly filled in, in Ink, in Indelible Pencil, or in Carbon, and retained by the Agent.

# POZAS BROS. TRUCKING CO.

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<b>Address</b>				
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<b>COD \$</b>	THE LETTERS <b>COD</b> MUST APPEAR IN BOX BEFORE CONSIGNEE'S NAME BELOW	PARTY RESPONSIBLE FOR FREIGHT CHARGES MUST PAY COD COLLECTION FEE	<input type="checkbox"/> CUSTOMER CHECK OK	<input type="checkbox"/> CERTIFIED CHECK ONLY	CUSTOMER PHONE NO.
	<b>Consignee</b>				

<b>Destination Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>

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**COLLECT**

**\*3RD PARTY BILLING**

<b>*3RD PARTY BILLING</b>	<b>BILL TO NAME</b>
	<b>ADDRESS</b>
	<b>CITY</b> <span style="float: right;"><b>STATE</b> <b>ZIP</b></span>

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Agent or Cashier

Per \_\_\_\_\_  
(The Signature here acknowledges only the amount prepaid.)

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Shipper Per _____ Perm. P.O. address of Shipper	Received in good condition <b>Pozas Bros. Trucking Co.</b> Driver _____ Date _____ Pcs. _____	RECEIVED IN GOOD CONDITION - CONSIGNEE Firm Name _____ No. Pcs. _____ By _____ Date _____ (Full Name No Initials Please)
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2



THIS MEMORANDUM is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

# POZAS BROS. TRUCKING CO.

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**Consignee**

<b>Destination Address</b>	<b>State</b>
<b>City</b>	<b>Zip</b>

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**COLLECT**

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<b>*3RD PARTY BILLING</b>	BILL TO NAME ADDRESS CITY STATE ZIP
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3