

**STRAIGHT BILL OF LADING  
NOT NEGOTIABLE**



Tracking Number

DATE

<b>SHIPPER</b>	REFERENCE NUMBER	BILL OF LADING NUMBER	P.O. #	Willy's Quote Number		
	COMPANY NAME	CONSIGNEE / COMPANY NAME				
	PICK UP POINT OF CONTACT NAME	CONSIGNEE POINT OF CONTACT NAME				
	STREET ADDRESS	STREET ADDRESS				
	CITY	PROVINCE	POSTAL CODE	CITY	PROVINCE	POSTAL CODE
	PHONE NUMBER (EXTENSION)	PHONE NUMBER (EXTENSION)				

**CONSIGNEE**

Received at the point shown on the date specified and from the shipper mentioned herein, the property herein described in apparent good order, except as noted (contents and conditions of contents of packages unknown) marked, consigned and destined as indicated below, which said carrier agrees to carry and deliver to the said consignee at the said destination if on its own route, otherwise to deliver to another carrier on the route to said destination, subject to the classification and tariffs in effect on the date of shipment. It is mutually agreed as to each carrier of all or any said property over all or any portion of said route to destination, and as to each party at any times interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written which are herein agreed to by the shipper and accepted for himself and his assigns. The contract for the carriage of the good listed in this bill of lading is covered by regulations in force in the jurisdiction at the time and place of shipment and is subject to the conditions set out in such regulations.

No. of pieces	DESCRIPTION	DIMENSIONS	Dangerous Goods				WEIGHT <input type="checkbox"/> LBS. <input type="checkbox"/> KG	FREIGHT CHARGES	
			Primary Class	Subsidiary Class	Packing Group	U.N #		<input type="checkbox"/> PREPAID	<input type="checkbox"/> COLLECT
								<input type="checkbox"/> 3RD PARTY ACCOUNT NAME	
								VALUE ADDED SERVICE Protect from freezing <input type="checkbox"/> Flat deck required <input type="checkbox"/> Long freight > 10 feet <input type="checkbox"/> Power tailgate delivery <input type="checkbox"/> Residential delivery/pickup <input type="checkbox"/> Inside-delivery/pickup <input type="checkbox"/> Appointment delivery/pickup <input type="checkbox"/> Trailer spotting required <input type="checkbox"/> Additional Insurance <input type="checkbox"/>	

TOTAL PIECES	SEAL NUMBER (S)	PLACARDS OFFERED TO CARRIER <input type="checkbox"/> YES <input type="checkbox"/> NO ACCEPTED BY CARRIER <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL CUBIC FEET	DECLARED VALUATION \$ _____
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SPECIAL INSTRUCTIONS	TYPE OF PLACARD	QUANTITY	TOTAL WEIGHT
	Emergency phone number		
	Emergency plan number		

**NOTICE OF CLAIM**  
 (a) No carrier is liable for loss, damage or delay to any goods under the Bill of Lading unless notice there of setting out particulars of the origin, destination and date of shipment of the goods and the estimated amount claimed in respect of each loss, damage or delay is given in writing to the originating carrier or the delivering carrier within thirty (30) days after the delivery of the goods or, in the case of failure to make delivery, within nine (9) months from the date of shipment.  
 (b) The final statement of the claim must be filed within nine (9) months from the date of shipment together with a copy of the paid freight bill.

**DANGEROUS GOODS CERTIFICATION**  
 I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, are properly classified and packaged, have dangerous goods safety marks properly affixed or displayed on them, and are in all respects in proper condition for transport according to the Transportation of Dangerous Goods Regulations.

NAME (Printed): \_\_\_\_\_

**FOR RATE REQUEST**  
**EMAIL:**  
 QUOTE@WILLYSTRUCKING.COM  
**PH:**  
 +1 (780) 488-2300

<b>SHIPPER</b>		<b>CONSIGNEE</b>	
SHIPPER NAME	SHIPPER SIGNATURE	CONSIGNEE NAME	CONSIGNEE SIGNATURE

<b>PICKUP</b>		<b>DRIVE</b>	
PICKUP NAME	PICKUP SIGNATURE	DRIVER NAME	DRIVER SIGNATURE
NO OF PIECES	DATE	NO OF PIECES	DATE
ARRIVAL TIME	DEPARTURE TIME	ARRIVAL TIME	DEPARTURE TIME