

PAPERLESS BILLING FORM

Name: _____ **Bill of Lading Number:** _____

Address: _____

City/State/Zip: _____ BAR CODE SPACE

SID#: _____ FOB: _____ **CARRIER NAME: ATOMIC TRANSPORT, LLC**

Name: _____ Location #: _____ **Trailer number:** _____

Address: _____ **Seal number(s):** _____

City/State/Zip: _____ **SCAC:** _____

CID#: _____ FOB: _____ **Pro number:** _____

Name: **ATOMIC TRANSPORT, LLC** BAR CODE SPACE

Address: **7358 N. LINCOLN AVE – SUITE 150**

City/State/Zip: **LINCOLNWOOD, IL 60712** **Freight Charge Terms:**

SPECIAL INSTRUCTIONS: **Prepaid** _____ **Collect** _____ **3rd Party** _____
 (check box) **Master Bill of Lading: with attached underlying Bills of Lading**

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

GRAND TOTAL

HANDLING UNIT		PACKAGE		COMMODITY DESCRIPTION		LTL ONLY	
QTY	TYPE	QTY	TYPE	WEIGHT	H.M. (X)	NMFC #	CLASS

RECEIVING
STAMP SPACE

	GRAND TOTAL
--	--------------------

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 "The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____."
COD Amount: \$ _____
Fee Terms: Collect: Prepaid: Customer check acceptable:

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).
 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.
 The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
 _____ **Shipper Signature**

SHIPPER SIGNATURE / DATE This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<u>Trailer Loaded:</u> By Shipper By Driver	<u>Freight Counted:</u> By Shipper By Driver/pallets said to contain By Driver/Pieces	CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.
--	---	--	---