

Date: 03/15/2024

BILL OF LADING

Page 1 of 1

SHIP FROM

Name: UNIQUE FLO
Address: 12600 CARDINAL MEADOW
City/State/Zip: SUGAR LAND, TX 77478
SID#: 281-275-3986

FOB: ☐

Bill of Lading Number: SO-UFL8337

BAR CODE SPACE

SHIP TO

Name: TUBULAR SERVICES-BBT Location #: _____
Address: 15930 WOOD DRIVE
City/State/Zip: CHANNELVIEW TX 77530
CID#: 713-450-3940

FOB: ☐

CARRIER NAME: _____
Trailer number: L Y N C
Seal number(s): _____

SCAC: _____
Pro number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
Address: _____
City/State/Zip: _____

BAR CODE SPACE

SPECIAL INSTRUCTIONS:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid ☒ Collect _____ 3rd Party _____☐
(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
PO-041441	4	16960	<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
SIM TEX L.P			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
			<input checked="" type="checkbox"/> Y	<input checked="" type="checkbox"/> N	
GRAND TOTAL	4	16960			

CARRIER INFORMATION

HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>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</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
4	PALLET	3168		16960		2-7/8" L80 EUE Coupling HEAT NO-8187N,6857N,8149N,M006099B,6589N J1220,J1147,J718,J1228		50
4		3168		16960				

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.

Trailer Loaded:

☐ By Shipper
☐ By Driver

Freight Counted:

☐ 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. Property described above is received in good order, except as noted.