

BILL OF LADING – SHORT FORM – NOT NEGOTIABLE

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| | | | | | | | | | |
|---|------|----------------|------|---|--------|---|-----------------|---|-------|
| SHIP FROM | | | | Bill of Lading Number: | | | | | |
| PRECISE MECHANICAL 2414 BLACK GOLD CT HOUSTON, TX 77073 | | | | BAR CODE SPACE | | | | | |
| SHIP TO | | | | Carrier Name: | | | | | |
| JAMES HARDIE 17 UNYTITE DR. PERU, IL 61354 | | | | Trailer number: Serial number(s): | | | | | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | | | SCAC: | | | | | |
| | | | | Pro Number: | | | | | |
| | | | | BAR CODE SPACE | | | | | |
| Special Instructions: | | | | Freight Charge Terms (Freight charges are prepaid unless marked otherwise): | | | | | |
| | | | | Prepaid <input checked="" type="checkbox"/> Collect <input type="checkbox"/> 3rd Party <input type="checkbox"/> <input type="checkbox"/> Master bill of lading with attached underlying bills of lading. | | | | | |
| CUSTOMER ORDER INFORMATION | | | | | | | | | |
| Customer Order No. | | # of Packages | | Weight | | Pallet/Slip (circle one) | | | |
| PO#4500638350 & 4500638351 | | | | | | Y N | | | |
| JOB # 24-3869 & 24-3868 | | | | | | Y N | | | |
| Grand Total | | | | | | | | | |
| CARRIER INFORMATION | | | | | | | | | |
| Handling Unit | | Package | | | | | LTL Only | | |
| Qty | Type | Qty | Type | Weight | HM (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> | | NMFC No. | Class |
| 1 | CR | | | | | CL2002 VACUUM PUMP | | | 85 |
| 1 | CR | | | | | CL2002 VACUUM PUMP | | | 85 |
| | | | | | | | | | |
| | | | | | | | | | |
| 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 <input type="checkbox"/> Prepaid <input type="checkbox"/> Customer check acceptable <input type="checkbox"/> | | | |
| Note: Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 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. | | | | | | Received by: _____ | | | |
| Shipper Signature/Date <small>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.</small> | | | | Trailer Loaded: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver | | Freight Counted: <input type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces | | Carrier Signature/Pickup Date <small>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.</small> | |

Please fax or email POD to: 281-319-5535 sonyah@precisemech.com