



CARRIER: NEW PENN MOTOR EXPRESS, INC.
 CORPORATE OFFICE: PHONE (717) 274-2521
 FAX (717) 274-5593
 P.O. BOX 630, LEBANON, PA 17042-0630

STRAIGHT BILL OF LADING
 NOT NEGOTIABLE

N.P. SHIPPER CODE

DATE

NPME EQUAL OPPORTUNITY EMPLOYER

CONSIGNEE (TO)		SHIPPER (FROM)	
NAME		NAME	
STREET		STREET	
ADDRESS LINE 2		ORIGIN - CITY, STATE	
DESTINATION - CITY, STATE		ZIP + 4	
CONSIGNEE'S PHONE NO.	CONSIGNEE'S REFERENCE/PO NO.		
THIRD PARTY BILL TO:		SHIPPER'S BILL OF LADING NO:	
NAME		FREIGHT CHARGES ARE PREPAID UNLESS MARKED COLLECT: <input type="checkbox"/>	
STREET		CHECK BOX IF COLLECT	
DESTINATION - CITY, STATE		FOR FREIGHT COLLECT SHIPMENTS IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNEE, WITHOUT RECOURSE ON THE CONSIGNOR, THE CONSIGNOR SHALL SIGN THE FOLLOWING STATEMENT: THE CARRIER MAY DECLINE TO MAKE DELIVERY OF THE SHIPMENT WITHOUT PAYMENT OF FREIGHT AND ALL OTHER LAWFUL CHARGES.	
ZIP + 4		SIGNATURE OF CONSIGNOR	

NUMBER SHIPPING UNITS	* HM	KINDS OF PACKAGING, DESCRIPTION OF ARTICLES SPECIAL MARKS AND EXCEPTIONS (SUB. TO CORR.)	WEIGHT (LBS.) (SUB. TO CORR.)	NMFC CLASS (FOR INFO. ONLY)

C.O.D. \$	AMOUNT	C.O.D. FEE:	C.O.D. PAYMENT	REMIT C.O.D. CHECK TO:
		PREPAID <input type="checkbox"/>	COMPANY CHECK ACCEPTED <input type="checkbox"/>	NAME:
		COLLECT <input type="checkbox"/>	CASH OR CERTIFIED CHECK <input type="checkbox"/>	STREET
		IF NOT CHECKED PAYMENT WILL BE CASH OR CERTIFIED CHECK		ORIGIN-CITY, STATE
				ZIP + 4

NOTE(1) Where the rate is dependent on value shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding

\$ _____ per _____
 NOTE(2) Limitation for loss or damage of this shipment may be applicable. See 49 U.S.C. 14706(c)(A) and (B).
 NOTE(3) Carrier's liability shall be limited to a maximum of \$25.00 per pound. This shipment is subject exclusively to the uniform bill of lading, the released values and other provisions of NMF 100 & NPME 100 Series tariffs. To receive coverage in excess of the maximum, INSERT TOTAL DOLLAR AMOUNT BELOW: There will be a charge for excess liability coverage. \$ _____ excess liability coverage requested.

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; the property described above, in apparent good order, except as noted (contents and condition of contents of package unknown marked, consigned, and destined as shown above, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written herein contained, including the Uniform Bill of Lading Terms and Conditions, which are agreed to by the shipper and accepted for himself and his assigns.

SHIPPER CERTIFICATION I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. Per _____ Date _____	CARRIERS CERTIFICATION 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 document in the vehicle. Driver _____ Package Nos. _____ Date _____ / Trailer No. _____
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Hazmat Emergency Response Telephone Number: _____

Registered Company: _____ Contract#: _____

☒ Mark with "X" to designate Hazardous Materials as defined in the Department of Transportation Regulations

RATE QUOTE #

SKIDS	DRUMS	LONG	LOOSE

GUARANTEED DELIVERY OPTION SELECTED:
DELIVERY DATE:
OPEN: _____ CLOSE: _____