



4120 E. 16th St, Des Moines, IA 50313
 Phone: 1-800-660-6460 | Fax: (515) 266-1622
 Receiving hours: 8:00 - 4:30 M-F
 sales@actionxpress.com

1 Date
 ____ / ____ / ____

2 PLACE BARCODE LABEL HERE

3 SHIPPER'S REFERENCE NUMBER SHIPPER'S ACCOUNT NUMBER

SHIPPER

STREET ADDRESS

CITY / STATE / ZIP

CONTACT TELEPHONE #

4 CONSIGNEE'S REFERENCE NUMBER CONSIGNEE'S ACCOUNT NUMBER

CONSIGNEE

STREET ADDRESS (CARRIER CANNOT DELIVER TO PO BOX)

CITY / STATE / ZIP

CONTACT TELEPHONE #

5 Freight charges are PREPAID unless marked collect or Third Party.

BILLING INFORMATION

Without Recourse to Shipper (see section 7 reverse side of bill of lading)
 Receiver - Collect 3rd Party (Billing Address Required)

COD AMOUNT \$ CERTIFIED CHECK CHECK #
 COMPANY CHECK

6 3RD PARTY REFERENCE NUMBER 3RD PARTY ACCOUNT NUMBER

THIRD PARTY

BILLING ADDRESS

CITY / STATE / ZIP

CONTACT TELEPHONE #

Emergency Response Number Name of Emergency Response Service

Monitored at all times the Hazardous Materials is in transportation including storage incidental to transportation (172.604)
INFORMATION IN "RED" MUST BE COMPLETED FOR ALL HAZARDOUS MATERIAL SHIPMENTS.

7 The agreed or **DECLARED VALUE** of the property is hereby specifically stated to be not exceeding: \$ _____

NOTE - Where the rate is dependant on value, shippers are required to state specifically in writing the agreed or declared value of the property.

8 HANDLING INFORMATION (*SPECIAL RATES MAY APPLY)

___ AIRPORT ___ AFTER HOURS ___ COD ___ DETENTION ___ DISPOSAL ___ EARLY AM ___ GLASS ___ HAZMAT ___ HOLD
 ___ INSIDE PICKUP/DELIVERY ___ INSURED ___ LIFTGATE ___ ON ARRIVAL ___ OVERSIZED SKID ___ PACKING ___ RESIDENTIAL ___ RURAL ROUTE
 ___ SATURDAY DELIVERY ___ SPECIAL DELIVERY ___ STORAGE ___ 2-MAN SERVICE ___ UNPACK ___ OTHER _____

9 COMMENTS:

# PCS	HM	TYPE OF PACKAGING	ID NUMBER	PROPER SHIPPING NAME OF FREIGHT - DESCRIPTION	HAZARD CLASS	PACKING GROUP	NMFC # / DIMENSIONS	FREIGHT CLASS	WEIGHT (IN LBS)

TOTAL PCS _____ SWP(S) STC _____ PIECES INTACT? Y N _____ PLT(S) STC _____ PIECES BANDED? Y N _____ TOTAL WT. _____

CONDITION OF PACKAGING: ___ FACTORY PACKAGING ___ REPACK/RETAPED ___ NEW BOX ___ USED BOX ___ NOT BOXED/CRATED ___ CRATED ___ RIPPED/TORN ___ BOX CRUSHED
 ___ NOT RESPONSIBLE FOR DAMAGE ___ OTHER (PLEASE EXPLAIN)

11 PICK-UP DRIVER'S SIGNATURE & NUMBER DATE/TIME

This is to certify that the above-named materials are subject to the terms, conditions and liability limits specified in the Carrier's Rules Tariff 100-A (published on the Carrier's website), are properly classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Carrier and the Department of Transportation.

DELIVERY CHARGES

_____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____

QUOTE # _____ TOTAL CHARGE: \$ _____

12 SHIPPER'S PRINTED SIGNATURE

13 DELIVERY DRIVER'S SIGNATURE & NUMBER DATE/TIME

14 CONSIGNEE'S SIGNATURE

15 CONSIGNEE'S PRINTED SIGNATURE