

CJC TRANSPORT, LLC

3155 Sutton Blvd., Suite 202
St. Louis, MO 63143

Phone (314) 865-2600
Fax (314) 865-2610

CJC LOAD # _____

CARRIER _____

Date _____

Uniform Straight Bill of Lading
ORIGINAL

FROM: Shipper: _____ Attn: _____ Phone #: _____ Street: _____ City / State: _____ Zip Code _____	TO: Consignee: _____ Attn: _____ Phone #: _____ Street: _____ City / State: _____ Zip Code _____
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Class	Pieces	Hazmat	Kind of Packaging, Description of Articles Special Marks and Exceptions	Weight subject to correction	
					FREIGHT CHARGES
					3RD PARTY PREPAID TO: CJC TRANSPORT, LLC 3155 SUTTON BLVD., SUITE202 ST LOUIS, MO 63143
					C.O.D. FEE AMOUNT \$ _____
			BILL TO ACCT #:		C.O.D. FEE COLLECT except when box below is checked Check Box if COD Fee is to be
			CJC TRANSPORT, LLC		PREPAID <input type="checkbox"/>
			3155 SUTTON BLVD., SUITE 202		
			ST. LOUIS, MO 63143		
			1-877-865-2280		C.O.D. \$

REMIT C.O.D. TO ADDRESS ➔

SUBJECT TO SECTION 7: Of the conditions if shipment is to be delivered to consignee without recourse on the consignor, the consignor shall sign the following statement:
 The Carrier shall not make delivery of the shipment without payment of the freight and all other lawful charges. **SIGNATURE OF THE CONSIGNOR:**
 Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable. Otherwise the rate 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.

NOTE: The agreed or declared value of property is hereby specifically stated by the shipper to be not exceeding
\$ _____ per cwt.

SHIPPER	CARRIER
PER SIGNATURE	PER SIGNATURE
DATE/TIME	DATE/TIME