

Bill of Lading



Carrier Reference: _____ Load Order#: _____

MC#: _____ **Expected Pick Up Date:** _____

Acceptance of this load constitutes Carriers agreement to abide by all terms of the Broker/Carrier Agreement set forth by JemStone Trasport™

Pick Up Location:

Delivery Location:

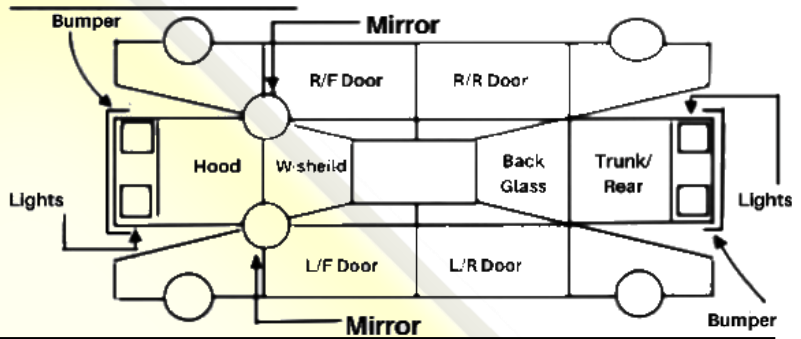
ORIGIN

CUSTOMER NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME		PHONE

DESTINATION

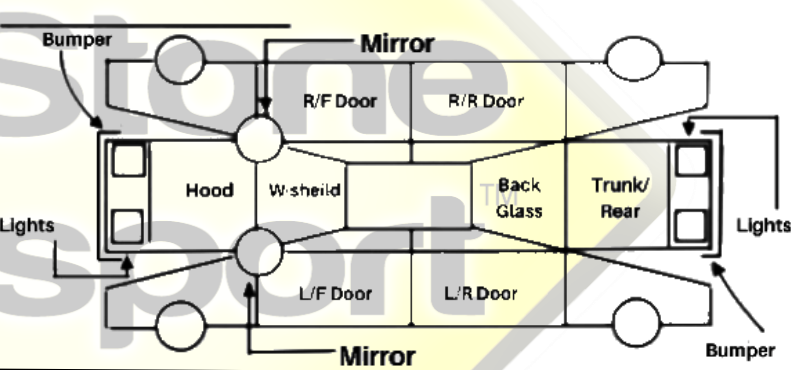
CUSTOMER NAME		
ADDRESS		
CITY	STATE	ZIP
CONTACT NAME		PHONE

Year: _____ Make: _____	<ul style="list-style-type: none"> B – Broken C – Chip D – Dent L – Loose M – Missing R – Rubbed S – Scratch
Model/Color: _____	
Confirm Last 8 of VIN:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



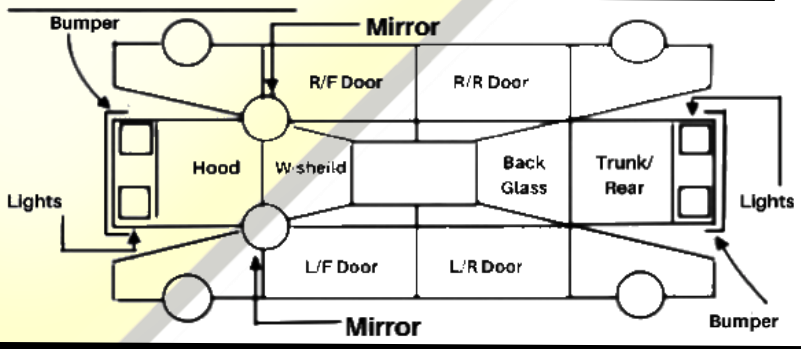
Notes:

Year: _____ Make: _____	<ul style="list-style-type: none"> B – Broken C – Chip D – Dent L – Loose M – Missing R – Rubbed S – Scratch
Model/Color: _____	
Confirm Last 8 of VIN:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



Notes:

Year: _____ Make: _____	<ul style="list-style-type: none"> B – Broken C – Chip D – Dent L – Loose M – Missing R – Rubbed S – Scratch
Model/Color: _____	
Confirm Last 8 of VIN:	
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	



Notes:

ORIGIN

****I agree with the Drivers assessment of the condition of this vehicle(s)**

Print Name _____

Signature _____ Date _____

Driver Signature _____

DESTINATION

****I agree with the Drivers assessment of the condition of this vehicle(s)**

Print Name _____

Signature _____ Date _____

Driver Signature _____