

B.E. Logistics, Inc.

THE EXPRESS CARRIER

F A C S I M I L E

DATE: / /
 TO: / /
 FROM: / /


Please complete this Bill of Lading,
 printing & signing @ "Shipper's Signature,"
FOR ONE USE ONLY, and fax back to
 (310) 970 - 7684 A.S.A.P. -Thanks

B.E. LOGISTICS, INC.
 Division of Blade Express Inc.

PO Box 5016
 Hawthorne, CA 90250

(800) 729-8115

BILL OF LADING
NON-NEGOTIABLE

 www.belogistics.com	SERIAL NUMBER	ORIGIN	DESTINATION	C.O.D. AMOUNT		
	DATE	PICK UP #	QUOTE #	\$ _____ COMPANY CHECK <input type="checkbox"/> CASHIER'S CHECK <input type="checkbox"/>		
	CHARGES ARE COLLECT UNLESS OTHERWISE INDICATED CHARGES TO BE PAID BY <input type="checkbox"/> SHIPPER <input type="checkbox"/> CONSIGNEE <input type="checkbox"/> 3RD PARTY			DECLARED VALUE \$ _____		
F R O M	SHIPPER'S NAME		3RD PARTY BILL TO NAME	CUBIC WGT.		
	ADDRESS (P.O. BOX NOT ACCEPTABLE)		ADDRESS	RATE		
	CITY / STATE / ZIP		CITY / STATE / ZIP	FREIGHT CHARGES		
	ATTN / PHONE #		ATTN / PHONE #	\$ _____		
SHIPPER REFERENCE #		3RD PARTY REF. #	DECLARED VALUE CHG.	\$ _____		
T O	CONSIGNEE NAME		Domestic	\$ _____		
	ADDRESS (P.O. BOX NOT ACCEPTABLE)		<input type="checkbox"/> EXPRESS LTL <input type="checkbox"/> AIR EXPRESS	OTHER CHARGES		
	CITY / STATE / ZIP		<input type="checkbox"/> DEFERRED GROUND <input type="checkbox"/> 2 DAY / ECONOMY AIR	\$ _____		
	ATTN / PHONE #		<input type="checkbox"/> OTHER _____ *Unless otherwise specified, service is EXPRESS LTL.	OTHER CHARGES		
CONSIGNEE REF. #		It is specifically agreed that transportation of the shipment described hereon is subject to the "Terms and Conditions" electronically published at www.airbill.com/beterms , as amended, a copy of which is maintained at Carrier's main office. As enumerated more fully therein, Carrier's liability for any shipment is strictly limited to \$.50 per pound, \$50.00, or the actual value of each piece, whichever is less, unless a higher value has been declared on the face hereof and all applicable charges have been paid.		\$ _____		
SPECIAL INSTRUCTIONS				OTHER CHARGES		
DRIVER / AGENT SIGNATURE		DATE	TIME	\$ _____		
SHIPPER / SENDER SIGNATURE				OTHER CHARGES		
X	LOOSE PIECES	NO. OF SKIDS	PIECES ON SKID(S) COUNTABLE	EXCEPTIONS		
X _____						
LOOSE PCS	NO. OF SKIDS	NO. OF PCS ON SKIDS	GROSS WEIGHT	CHARGEABLE WEIGHT	DESCRIPTION OF PACKING PIECES AND CONTENTS	DRIVER NOTES
						DIMENSIONAL WEIGHT
CONSIGNEE SIGNATURE		PRINT CONSIGNEE'S LAST NAME	TOTAL PIECES	TIME	<input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	DATE
X _____						