

BILL OF LADING

CUSTOMER BOL/ORDER #	GLOVA LINK JOB #	

REFERENCE #

## **GLOVA-LINK CORPORATION**

11637 LOS NIETOS ROAD, SANTA FE SPRINGS, CA 90670 FAX (562) 908-2667

(562) 908-2728

DATE

P.O. #

## "Our commitment is what transforms a promise into reality!!!" WWW.GLOVALINK.NET SHIPPERS (FROM) **CONSIGNEE** (SHIP TO) **STREET STREET** CITY, STATE, ZIP CITY, STATE, ZIP SHIPPING HOURS RECEIVING HOURS CONTACT TEL# CONTACT TEL# **DECLARED PIECES** DESCRIPTION, SHIPPING INSTRUCTIONS, EXCEPTIONS WEIGHT (LBS) **SERVICE TYPE PALLETS CLASS** VALUE **CHARGES** BASE \$ EXTRA 1 EXTRA 2 EXTRA 3 TOTAL \$ CARRIER'S MAXIMUM LIABILITY IS AGREED AND UNDERSTOOD TO BE \$.50 PER POUND MULTIPLIED BY THE CONSIGNEE AGREES THAT THE ABOVE ITEMS WERE RECEIVED IN GOOD CONDITION EXCEPT AS NOTED: NUMBER OF POUNDS (OR FRACTION THEREOF) OF EACH PIECE(S) OF THE SHIPMENT WHICH MAY HAVE BEEN LOST, DAMAGED, OR DESTROYED, UNLESS A HIGHER VALUE IS DECLARED HEREIN AND APPLICABLE CHARGES PAID THEREON. CARRIER WILL NOT INSURE, OR BE RESPONSIBLE FOR ANY FORMS OF ART PCS RECV'D PLTS RECV'D DATE WORK, CARRIER WILL NOT PARTICIPATE IN CONCEALED DAMAGED CLAIMS. IN THE EVENT A HIGHER VALUE IS DECLARED A CHARGE OF \$.65 PER \$100.00 OR FRACTION THEREOF SHALL BE ASSESSED. SHIPPERS SIGNATURE SHIPPER (PRINT NAME) CONSIGNEE SIGNATURE CONSIGNEE (PRINT NAME) PCS RECV'D PLTS RECV'D ARRIVE TIME A.M. DEPART TIME A.M. P.M. P.M. ARRIVE TIME DR# DRIVER SIGNATURE A.M. DEPART TIME A.M. DRIVER (PRINT NAME) P.M. DRIVER SIGNATURE DRIVER (PRINT NAME) DR# TRAILER LOADED:

PRO-LABEL HERE

☐ BY SHIPPER ☐ BY DRIVER

APPOINTMENT! APPOINTMENT!	FREIGHT CHARGES TO BE PAID BY:  SHIPPER CONSIGNEE  3RD PARTY  BILL TO: ACCOUNT #	AMOUNT DUE TO SHIPPER  \$