

UNIFORM STRAIGHT BILL OF LADING

Original – Not Negotiable

Exhibit A

Name of Carrier Network F.O.B., Inc. c/o _____

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between Network F.O.B and shipper, if applicable, otherwise to the rates, classifications and rules established by Network F.O.B. in its Rules Tariff, as amended from time to time, and are available to the shipper at networkfob.com;

Carrier's Pro No. _____
Shipper's Bill of Lading No. _____
Consignee's Reference/PO No. _____
Carrier's Code (SCAC) _____

From _____ Network F.O.B. c/o _____ (Shipper),

as Agent for the Shipper/Consignor Whose Name and Address is Shown Below Date _____

Street _____

City _____ County _____ State _____ Zip/Postal Code _____

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned, and destined as shown below, which said carrier agrees to carry to destination, if on its route, or otherwise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions set forth in Network F.O.B.'s Rules Tariff, which are hereby agreed to by the shipper and accepted for himself and his assigns. Carrier acknowledges that _____ (Warehouse), as agent for the disclosed shipper/consignor, has no liability for payment of freight or any other charges, and the transportation contract evidenced by this bill of lading is between the carrier and the designated shipper/consignor.

Consigned to _____

On Collection Delivery Shipments, the letters "COD" must appear before consignee's name

Destination Street _____

City _____ County _____ State _____ Zip/Postal Code _____

Delivering Carrier _____ Trailer No. _____

Additional Shipment Information _____

Collect on Delivery \$ _____ and remit to: _____
Street _____ City _____ State _____

C.O.D. charge Shipper
To be paid by Consignee

Hdlg. Units No. Type	Packages No. Type	HM (*)	Kind of Package, Description of Articles, Special Marks and Exceptions (Subject to Corrections)	Weight (Subject to Correction)	Cass or Rate Ref. (For info. only)	Cube (optional)

* Mark "X" to designate Hazardous Materials as defined in DOT Regulations.

NOTE (1) Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:

"The agreed or declared value for the property is specifically stated by the shipper to be not exceeding _____ per _____."

NOTE (2) Liability Limitation of or loss or damage on this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B)

NOTE (3) Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Sec. 2(e) of NMFC Item 360. Notify if problem enroute or at delivery:

Shipper and Consignee are jointly and severally liable for freight charges owed to Network F.O.B., Inc.

Name _____ Fax No. _____ Tel. No. _____
(for informational purposes only)

Send freight bill to _____
Company Name _____ City _____ State _____ Zip/Postal Code _____

Shipper/Consignor _____ Carrier _____
Per _____, Agent _____ Per _____ Date _____

Shipper/Consignor's Address _____

Shipper Certification
This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the DOT.
Per _____ Date _____

Carrier Certification
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and /or carrier has the DOT emergency response guidebook or equivalent document in the vehicle.
Per _____ Package Nos. _____
Date _____