



BILL OF LADING

DATE _____

FOR MEXPRESS USE ONLY

DRIVER AFFIX PRO NUMBER LABEL HERE

PLEASE PRINT OR TYPE

SHIPPER (ORIGIN) _____ **CONSIGNEE (DESTINATION)** _____

NAME _____

ADDRESS _____

PROVINCE _____

CITY, STATE, ZIP _____

PHONE () _____ **EXT:** _____ () _____

SHIPPER'S # _____ **BILL TO (MAILING ADDRESS)** _____

CUSTOMER PO # _____

DESCRIPTION OF GOODS, PACKAGING, SPECIAL MARKS AND EXCEPTIONS **Subject to Correction*
PIECES HAZ MAT DESCRIPTION* **WEIGHT LBS.***

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TOTAL PCS **HAZ MAT 24-HR EMERGENCY RESPONSE PHONE ()** **TOTAL WT LBS.***

C O D Amount \$ _____ **Prepaid unless box is checked** **COLLECT**

REMIT C.O.D. TO: NAME _____ **CUSTOMER'S CHECK ACCEPTABLE?** **YES** **NO**

ADDRESS _____ *The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.*

PROVINCE _____ **Consignor** _____
Phone (800) **301-2080**
Pager (805) 290-6813
Fax (805) 251-2698
info@mxpresstrans.com

CITY, STATE, ZIP _____
18316 Sierra Hwy., Unit A
Santa Clarita, CA 91386-2777

DECLARED VALUE \$ _____ **PER** _____

CARRIER **Mexpress Transportation, Inc.**

This is to certify that the materials named above are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation, following all regulations of the Dept. of Transportation.
DRIVER _____
COLLECTED AT PICKUP \$ _____ **CASH** **CHK**

SHIPPER SIGNATURE _____ **PCS** _____ **DATE** _____ **CREDIT CARD TYPE** _____