GFS GUAM Freight Service

STRAIGHT BILL OF LADING
SHORT FORM
ORIGINAL-NOT NEGOTIABLE

2964 Alvarado Street Unit H
San leandro, CA 94577
TeL: 510-895-7112, Fax: 510-895-7111

DATE: _____

SHIPPER:			CONSIGNEE:		
ADDRESS:			ADDRESS:		
CITY:	STATE	ZIP	CITY:	STATE	ZIP
TELEPHONE:	CONTACT:		TELEPHONE:	CONTACT::	

NOTIFY PARTY			CHARGES ARE **PREPAID** UNLESS MARKED COLLECT		
SHIPPER:			**C.O.D.**	C.O.D. FEE TO BE PAID BY SHIPPER OR CONSIGNEE	**SHIPPER**
ADDRESS:			**$**		**CONSIGNEE**
CITY:	STATE	ZIP		COMPANY CHECK OK	CASH OR CERTIFIED FUNDS
TELEPHONE:	FAX:		SPECIAL INSTRUCTION:		

HAZARDOUS MATERIALS SECTION ⇩ MARK "X" IN "HM" COLUMN FOR HAZARDOUS MATERIALS

TECHNICAL NAMES ARE REQUIRED FOR "N.O.S." AND OTHER GENERIC DESCRIPTIONS FOR ALL HAZARDOUS MATERIALS ITEMS.

NUMBER SHIPPING UNIT	H.M.	KIND OF PACKAGING, DESCRIPTION OF ARTICLES, SPECIAL MARKS AND EXCEPTIONS	WEIGHT(LBS) SUBJECT TO CORRECTION	CFT.