

Your Company Inc.

Address
City, State, ZIP

Bill of Lading

No.: 0

FROM		TO	
Name		Name	
		Company	
		Street	
Date	12/30/10	City, State	
Dept		Acct	Zip Code

Number of Packages	Kind of Package, Description of Articles, Special Marks, and Exceptions	Weight (Subject to Change)	Serial Numbers	

Shipping Instructions	For Shipping Use Only
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Bill of Lading