

Loads Unlimited Inc.

Straight Bill Of Lading

Date:

Ship from:

LUI. Ref. #:

Pickup date:

Deliver to:

Delivery date:

Delivery hours:

Delivery Time:

Carrier Pick up #

Del. #:

Customer PO #:

Trailer #:

Seal #:

Trucking co.:

Description	Packaging	Gross	Tare	Net

Shipper: _____

Receiver: _____