

# ACT 2 SERVICES, INC.

## Air Container Transfer • Earthquake Express

# BILL OF LADING

PRO NUMBER
------------

P.O. Box 280337, San Francisco, CA 94128 • Tel 415 468 2220 Fax 415 468 2224

<b>SHIPPER</b>			<b>CONSIGNEE</b>			DATE		
Name			Name			<b>3RD PARTY BILLING INSTRUCTIONS</b>		
Address			Address			Name		
City		State	Zip		City		State	Zip
Contact			Contact			Address		
Phone		( )	Phone		( )	City		State Zip
Shipper's Ref. #			<input type="checkbox"/> DELIVER TO CONSIGNEE			<input type="checkbox"/> HOLD FOR PICKUP		
<input type="checkbox"/> BILL SHIPPER <input type="checkbox"/> BILL CONSIGNEE <input type="checkbox"/> BILL 3RD PARTY <input type="checkbox"/> C.O.D.- TO BE COLLECTED			DECLARED VALUE:			Unless a greater value is declared and an excess value fee paid, shipper agrees and declares that the property described herein has a released value of fifty (\$.50) cents per pound. Declared value not available on personal effects, jewelry, antiques, works of art or intangibles. Declared value over \$10,000.00 must have prior written acknowledgement. See reverse side for additional limitations of liability.		

PIECES	WEIGHT	DESCRIPTION OF PIECES AND CONTENTS AND DELIVERY INSTRUCTIONS	DIM WEIGHT	SERVICES	RATE	AMOUNT
				Weight Charge		
				Pick-up Area		
				Delivery Area		
				COD Fee		
				Excess Value		
				Misc.		
		WEIGHT SUBJECT TO DIMENSIONAL CORRECTION    X    X    /250		<b>TOTAL CHARGES</b>		

USE OF THIS BILL OF LADING CONSTITUTES A SHIPPER'S CONTRACT OF CARRIAGE WITH AIR CONTAINER TRANSFER. ALL SHIPMENTS ARE SUBJECT TO THE TERMS AND CONDITIONS ON FRONT AND REVERSE OF THIS BILL OF LADING.

<b>C.O.D.</b>		
SHIPPER SIGN HERE	PRINT NAME	PRINT NAME
		DATE / /
PICKUP DRIVER/WHSE		TIME
	ID#	DATE / /
		TIME
DELIVERY DRIVER/WHSE		DATE / /
	ID#	TIME
		DATE / /
RECEIVED BY CONSIGNEE	SIGNATURE	PRINT NAME
		DATE / /
		TIME
		PCS