



# **BILL OF LADING (NON NEGOTIABLE)**

shipcsa.com

PICK UP BY DATE		SHIPPER'S NO.		CSA TRACKING NO.		CUSTOMS BROKER:	
SHIPPER				CONSIGNEE			
ADDRESS				ADDRESS			
CITY, STATE \ PROVINCE		POSTAL \ ZIP		CITY, STATE \ PROVINCE		POSTAL \ ZIP	
TELEPHONE				TELEPHONE			
FREIGHT CHARGES WILL BE COLLECT <input type="checkbox"/> PREPAID <input type="checkbox"/> 3 <sup>RD</sup> PARTY BILL TO:							
NO. OF HANDLING UNITS (PALLETS etc)	NO. OF PIECES	DESCRIPTION OF ARTICLES MARKS AND EXCEPTIONS				CLASS	WEIGHT (SUBJECT TO INSPECTION)
TOTAL UNITS		TOTAL PCS.		DECLARED VALUATION: \$		TOTAL WEIGHT	
<p><b>NOTE:</b> CSA is an arranger of freight services. Carriage of goods is performed by a qualified third party carrier. Pursuant to item 510 of CSA's Terms and Conditions our legal liability limit for cargo loss or damage does not exceed \$4.41 per kilogram or \$2.00 per pound under any condition.</p> <p>This shipment is subject to the terms and conditions found online at <a href="http://www.csatransportation.com">www.csatransportation.com</a> which shall apply unless other specific agreements are reached and signed to in writing by a CSA Transportation manager authorized to do so. The shipper hereby certifies that he is familiar with the terms and conditions document at <a href="http://csatransportation.com">csatransportation.com</a> and the same terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.</p> <p>CSA agrees to arrange for the carriage of the above goods to final destination under the terms and conditions of CSA Tariff 1004 which may be viewed at <a href="http://csatransportation.com">csatransportation.com</a> and which may be made available upon request.</p>							
<p><b>NOTE:</b> This space is reserved for shippers specific request or special agreement between shipper and CSA</p>							
Shipments are subject to CSA terms and conditions at: <a href="http://shipcsa.com">shipcsa.com</a> Shipper Contact : _____ SIGNATURE: _____ DATE: _____				<b>DRIVER USE ONLY</b> CSA TRACKING NO.: _____ <b>Pieces Counted</b> Yes <input type="checkbox"/> No (Said To Contain) <input type="checkbox"/> # of pieces: _____			
Consignee Contact: _____ SIGNATURE: _____ FREIGHT RECEIVED IN APPARENT GOOD ORDER (EXCEPT AS NOTED) DATE: _____				<b>Pallets Counted</b> Yes <input type="checkbox"/> No (Said To Contain) <input type="checkbox"/> # of pallets: _____ Shrink Wrapped Pallet <input type="checkbox"/> Freight Conditions or Exceptions: _____ Driver: _____ Date: _____			