



7343 West Friendly Avenue Suite C Greensboro, NC 27410  
 Phone: 1-877-89Boxer(26937) Fax: 1-336-294-5420

**FREIGHT BILL NUMBER**

<b>F R O M</b>	COMPANY		<b>S H I P T O</b>	COMPANY		DATE SHIPPED		ORIGIN	TARIFF DESTINATION				
	ADDRESS			ADDRESS		PREPAID <input type="checkbox"/>	COLLECT <input type="checkbox"/>						
	CITY	STATE ZIP		CITY STATE ZIP		OTHER <input type="checkbox"/>							
	SENT BY	TELEPHONE		ATTN.		TELEPHONE		ASSUME PREPAID IF NOT OTHERWISE SPECIFIED					
SHIPPER REFERENCE NO.		CONSIGNEE P.O. OR REFERENCE NO.		NAME		FREIGHT							
SPECIAL SERVICES REQUESTED				ADDRESS		PICKUP							
				CITY STATE ZIP		DELIVERY							
				P.O. OR REFERENCE NO.		DECLARED VALUE FEE							
						OTHER (EXPLAIN)							
PIECES	DESCRIPTION AND CONTENT OF PIECES					WEIGHT	RATE	ORIGIN ADVANCE					
								DESTIN. ADVANCE					
							SHIPPER'S C.O.D. SUBJECT TO NOTATIONS ON REVERSE SIDE						
INDICATE TYPE OF SERVICE DESIRED		FREIGHT SUBJECT TO DIMENSIONAL CHARGES										C.O.D. AMOUNT	
		PCS.	L	W	H	TOTAL	PCS.	L	W	H	TOTAL		
<input type="checkbox"/> SAME DAY <input type="checkbox"/> 3-5 DAY <input type="checkbox"/> NEXT DAY <input type="checkbox"/> OTHER _____ <input type="checkbox"/> 2ND DAY													
DECLARED VALUE FOR CARRIAGE		DECLARED VALUE AGREED AND UNDERSTOOD TO BE NOT MORE THEN \$.50 PER POUND, PER PIECE, OR \$50.00 WHICHEVER IS HIGHER UNLESS HIGHER VALUE DECLARED AND CHARGES PAID. FREIGHT BILL SUBJECT TO CONDITIONS SET FORTH AT WWW.BOXERFREIGHT.COM.										<b>TOTAL CHARGES</b>	
RECEIVED BY		RECEIVED IN GOOD ORDER EXCEPT AS NOTED					DATE	TIME					
<b>X</b>		<b>X</b>											
SHIPPER'S SIGNATURE		PRINT NAME					DATE	TIME					
FREIGHT BILL SUBJECT TO CONDITIONS SET FORTH AT WWW.BOXERFREIGHT.COM													