



# Bill of Lading

BOL Number \_\_\_\_\_

Date \_\_\_\_\_

Delivery Number \_\_\_\_\_

Ship Date \_\_\_\_\_

Ship Via \_\_\_\_\_

Shipper Reference \_\_\_\_\_

## Shipped To

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

## Shipper

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Contact Name \_\_\_\_\_

Product No.	Description	Quantity	UOM	PO Number
<b>Terms of Delivery</b>	Insurance			
	Shipping Charge			
	<b>Total</b>			

Any reference to company names and company logos in the sample forms included in this software is for demonstration purposes only and is not intended to refer to any actual organization.