"Short Form Bill of Lading-Non Negotiable"

DATE:	SHIPPER NO:	PO NO:

SHIPPER: _____

ADDRESS: _____

CT,ST,ZIP: _____

PHONE:

CAL-METRO Distributing Co., Inc.
323/725-0257 Fax 323/725-1437
WWW.CALMETRO.COM

CONSIGNEE: _____

ADDRESS: _____

CT,ST,ZIP: _____

PHONE:

BILL TO: _____

ADDRESS: _____

CT,ST,ZIP: _____

PHONE:

QUANTITY	DESCRIPTION OF ITEMS	WEIGHT
	TOTAL NUMBER OF PIECES	**TOTAL WEIGHT**

COD AMOUNT $

REMIT COD TO ADDRESS:

FREIGHT CHARGES: COLLECT____ PREPAID ____

RETURN AUTH. INFO.

NOTE: WHERE THE RATE IS DEPENDENT ON VALUE, SHIPPERS MUST STATE IN WRITING THE AGREED OR DECLARED VALUE OF THIS PROPERTY. UNLESS NOTED, ALL SHIPMENTS ARE RELEASED TO $2.00 PER LB/ARTICLE.
STATED VALUE IF IN EXCESS OF $2.00 PER LB./ARTICLE

$$ _____

SUBJECT TO SECTION 7 CONDITIONS, IF THIS SHIPMENT IS TO BE DELIVERED TO THE CONSIGNEE WITHOUT RECOURSE ON CONSIGNOR, THE CONSIGNOR SHALL SIGN THE FOLLOWING:
THE CARRIER SHALL NOT MAKE DELIVERY OF THIS SHIPMENT, WITHOUT PAYMENT OF FREIGHT AND ALL OTHER CHARGES _____
SIGNATURE

_____ **TOTAL NUMBER OF PIECES SIGNED FOR:**

(SIGNATURE OF AGENT FOR SHIPPER) (SIGNATURE OF DRIVER/AGENT)

(1) "RECEIVED", subject to the tariffs in effect on date of the issue of this BILL OF LADING: (2) "Shipper hereby certifies that he is familiar with all the Terms & Conditions of the BILL OF LADING set forth in this item and the said Terms & Conditions are hereby agreed to by the shipper & accepted for himself and his assigns."