



SOUTHEASTERN FREIGHT LINES

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BILL OF LADING

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SHIP FROM

Name:
Address:
City/State/Zip:
SID#: FOB: []

Bill of Lading Number: _____

BAR CODE SPACE

SHIP TO

Name: Location #:
Address:
City/State/Zip:
CID#: FOB: []

CARRIER NAME: Southeastern Freight Lines

Trailer number:

Seal Number(s):

SCAC: SEFL

Pro Number:

BAR CODE SPACE

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

Freight Charge Terms:

Prepaid _____ Collect _____ 3rd Party _____

SPECIAL INSTRUCTIONS:

[] Master Bill of Lading: with attached
underlying Bills of Lading
(check box)

CUSTOMER ORDER INFORMATION

Table with 5 columns: CUSTOMER ORDER NUMBER, # PKGS, WEIGHT(lbs), PALLET/SLIP (CHECK ONE), ADDITIONAL SHIPPER INFO

GRAND TOTAL

CARRIER INFORMATION

Table with 9 columns: HANDLING UNIT (QTY, TYPE), PACKAGE (QTY, TYPE), WEIGHT (LBS), H.M. (X), COMMODITY DESCRIPTION, LTL ONLY (NMFC #, CLASS)

RECEIVING STAMP SPACE

GRAND TOTAL

Where the rate is dependent of value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding
_____ per _____

COD Amount: \$ _____
Fee Terms: Collect: [] Prepaid: []
Customer check acceptable: []

NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Shipper Signature

SHIPPER SIGNATURE / DATE

This is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.

Trailer Loaded:

[] By Shipper
[] By Driver

Freight Counted:

[] By Shipper
[] By Driver/pallets said to contain
[] By Driver/Pieces

CARRIER SIGNATURE / PICKUP DATE

Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.