

CONTROL #

BILLING COPY

PICK-UP DATE	PICK-UP TIME	PICK-UP AGENT	ACCOUNT NO.

SHIPPING INFORMATION				DELIVERY INFORMATION			
FROM (YOUR NAME)		YOUR PHONE # ( )		TO (RECIPIENT'S NAME)		RECIPIENT'S PHONE ( )	
COMPANY				COMPANY			
STREET ADDRESS		ROOM/FLOOR		EXACT STREET ADDRESS		ROOM/FLOOR	
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
YOUR INTERNAL BILLING REFERENCE INFORMATION				SPECIAL INSTRUCTIONS			DELIVERY AGENT
RELEASE SIGNATURE <small>By signing here, sender authorized ProCourier, Inc. to deliver this shipment without obtaining a delivery signature and shall hold harmless Pro Courier, Inc. from any claims resulting therefrom.</small>				CONSIGNEE NAME (PRINTED)			DELIVERY TIME
NO. OF PIECES		WEIGHT	DIM. WEIGHT X X = lbs	CONSIGNEE SIGNATURE (RECEIVED IN GOOD ORDER)			DELIVERY DATE
SERVICE TYPE		SPECIAL REQUEST (EXTRA CHARGE)		RETURN NAME (PRINTED)			RETURN TIME
RUSH <input type="checkbox"/>	NEXT FLIGHT OUT <input type="checkbox"/>	DECLARED VALUE <input type="checkbox"/> \$		RETURN SIGNATURE (RECEIVED IN GOOD ORDER)			RETURN DATE
OVER NIGHT <input type="checkbox"/>	PRIORITY FREIGHT <input type="checkbox"/>	WAITING TIME <input type="checkbox"/> MIN					

THIS BILL OF LADING IS SUBJECT TO (CONDITIONS OF CONTRACT) SET FORTH ON REVERSE OF SHIPPERS COPY