RES	ET	FORM	STRAIGHT BILL	L OF LADING - SI	HORT FO	ORM	5-			
Carrier Name:				Phone	Phone			SHIPMENT IDENTIFICATION NO.		
Carrier Address:				Date	Date					
City							FRE	IGHT BILL	L PRO NO.	
State and Zi	p:		SAC	DUNS					777 241	
TO:					TRAILER	R/CAR NUMBI	ER			
Consignee										
Address				ROUTE						
City										
State and Zi	p									
FROM:				SPECIAL INSTRI	SPECIAL INSTRUCTIONS					
Shipper										
Address										
City										
State and zip										
	ENT	SEND BILL TO	D:	SHIPPER'S INTE	RNAL DATA					
Name										
Address										
City				199			_			
State & Zip Number Shipping				SID NO.		Weight Subject	110			
Units	*HQ	Kinds of Packagi	ial Marks and Exceptions	Code	Correction		Rate	Charges		
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