



**UNIFORM STRAIGHT BILL OF LADING**  
Original---Not Negotiable  
SUBJECT TO THE TERMS AND CONDITIONS  
OF THE UNIFORM BILL OF LADING  
Questions? Call 1.866.393.4585  
Carrier SCAC Code:

Date 6/19/09  
Shipper's Bill of Lading #  
Purchase Order #  
Shipper # Shipper #

**PLACE PRO LABEL HERE**

SHIPPER (from)				Please provide zip codes and phone numbers.				CONSIGNEE (to)			
Shipper <u>EXECUTIVE FLITEWAYS</u>				Consignee <u>GALAXY AVIATION</u>							
Attn. to <u>BUTCH WELLMAKER</u>				Attn. to <u>LARRY VISOSKI</u>							
Country Code				Area Code				Country Code			
516				233-6301							
State				State				State			
NEW YORK				FLORIDA							
Zip/Postal Code				Zip/Postal Code				Zip/Postal Code			
11779				33406				USA			
City <u>RONKONKOMA</u>				City <u>WEST PALM BEACH</u>							
Special Instructions											
<u>QUOTE # 18711833</u>				<u>JM60</u>							

**BILL FREIGHT CHARGES TO: (if different than above)**

Name	Mailing Address					
City	State	Zip/Postal Code	Country	Country Code	Area Code	Phone
Freight charges are <b>PREPAID</b> unless marked collect.	1. The letters "C.O.D." must appear in box before consignee's name above.					
<b>CHECK BOX IF COLLECT</b> <input type="checkbox"/>	2. C.O.D. funds to be collected as: <input type="checkbox"/> Certified Funds <input type="checkbox"/> Company Check <input type="checkbox"/> Personal Check					
<b>AMOUNT</b>	3. C.O.D. fee to be paid by: <input type="checkbox"/> Shipper <input type="checkbox"/> Consignee					

**REMIT TO: (if different than shipper above)**

Name	Mailing Address					
City	State	Zip/Postal Code	Country	Country Code	Area Code	Phone Number

RECEIVED, subject to duly determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise the rates, classifications, and rules that have been established by the carrier and are available to the shipper, or request, and to all applicable state and federal regulations, the property described below, in apparent good order, except as noted, contents in condition of contents of packages or known marked, consigned, and destined as shown hereon, which said carrier agrees to carry to destination or its route, or other wise to deliver to another carrier on the route to destination. Every service to be performed hereunder shall be subject to the conditions not prohibited by law, whether printed or written, hereon contained, including the [redacted] on the back hereof, or otherwise released, which are hereby agreed to by the shipper and accepted for himself and his assigns.

NO. HANDLING UNITS		DESCRIPTION OF ARTICLES, KIND OF PACKAGE, SPECIAL MARKS AND EXCEPTIONS (subject to correction)	WEIGHT IN LBS.	NMFC ITEM # (subject to correction)	CLASS	CUBE
Pieces	Pallets					
1		AIRPLANE SEAT FRAME, BOX		012340-250		
1		CARPET SAMPLES, BOX		070670-00	70	

MARK "X" IN THE NM COLUMN TO DESIGNATE HAZARDOUS MATERIALS AS DEFINED IN DOT REGULATIONS. TOTAL HANDLING UNITS: Pieces 2 Pallets 0 Total 2

NOTE (1) Where the rate and carrier's liability for loss or damage may be dependent on value, shippers must 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 \_\_\_\_\_"

Note (2) Liability limitation for loss or damage on this shipment shall be applicable as provided by contract or in the current NMFC or this carrier's governing tariffs. The Shipper may increase liability by checking the appropriate box and completing the required information. Selecting excess liability coverage will result in additional charges in accordance with carrier's FAF 100 series rules tariff. Excess coverage is not available for NEW articles with actual, declared or released value provisions that are specifically outlined in the NMFC. Not selecting an additional coverage option is considered to be a waiver of same and standard liability coverage will apply.

The articles described above are **NEW** with standard liability coverage of \$25 per pound per package or \$100,000 per incident, whichever is lower. Shipper requests Excess Liability Coverage in the amount of \$ \_\_\_\_\_ per pound (not to exceed \$50 per pound per package). In no event shall the carrier's liability for NEW articles exceed the actual value of the articles or \$50 per pound per package, whichever is less, with a maximum of \$100,000 per incident.

The articles described above are **USED** or **RECONDITIONED**, with standard liability coverage of \$10 per pound per package or \$10,000 per incident, whichever is lower. Shipper requests Excess Liability Coverage in the amount of \$ \_\_\_\_\_ per pound per package. In no event shall the carrier's liability for USED or RECONDITIONED articles exceed the actual value of the articles or \$10 per pound per package, whichever is less, with a maximum of \$10,000 per incident.

NOTE (3) Commodities requiring special or additional care or attention in handling or storing must be so marked and packaged as to ensure safe transportation without injury. See Sec. 35 of NMFC Item 300.

**FOR INTERNATIONAL SHIPMENTS PLEASE INDICATE BELOW THE NAME AND PHONE NUMBER OF BROKER:**

Broker Name \_\_\_\_\_ Phone Number \_\_\_\_\_

**FOR FREIGHT COLLECT SHIPMENTS**

Subject to Section 7 of conditions of applicable bill of lading. If this shipment is to be delivered to the consignee, without recourse on the consignee, the consignor shall sign the following statement. The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.

Consignor Signature \_\_\_\_\_

**SHIPPER CERTIFICATION**  
This is to certify that the above named materials are \_\_\_\_\_ classified, described, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper Signature \_\_\_\_\_ Date 6/19/09

**CARRIER CERTIFICATION**

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 document in the vehicle.

SINGLE SHIPMENT	DATE	DRIVER/EMPLOYEE NUMBER AND SIGNATURE	TRAILER #
Circle One Y <input type="checkbox"/> N <input checked="" type="checkbox"/>			