

**DOCK TO DOCK BOL INSTRUCTIONS (NORTH & SOUTHBOUND SHIPMENTS)**

Straight Bill of Lading Short form - Original - Not negotiable

CTII 100 or 101 Series rules tariff applies.


Tariff 799 Series applies for all shipments handled by TNL thru 780.

\*ALL MEXICO AND UNITED STATES BROKER FIELDS ARE REQUIRED\*

PLEASE NOTE: Cruce de puente/drayment box must be (X'ed) if border crossing is requested.

For pickups in the U.S. or Mexico call 586-467-1900 and press option 1.

AFFIX PRO LABEL HERE

DATE: MM/DD/YYYY		NO. BILL OF LADING				
REMITENTE/SHIPPER						DESTINATARIO/CONSIGNEE
CALLE Y NUMERO/ADDRESS				CALLE Y NUMERO		
CIUDAD/CITY	ESTADO/STATE	C.P./ZIP CODE		CIUDAD/CITY	ESTADO/STATE	C.P./ZIP CODE
CONTACTO/CONTACT NAME		TELEFONO/TELEPHONE		CONTACTO/CONTACT NAME		TELEFONO/TELEPHONE
AGENTE ADUANAL MEXICANO/MEXICAN BROKER				AGENTE ADUANAL AMERICANO/USA BROKER		
CALLE Y NUMERO/ADDRESS				CALLE Y NUMERO/ADDRESS		
CIUDAD/CITY		ESTADO/STATE		CIUDAD/CITY		ESTADO/STATE
CONTACTO/CONTACT NAME		TELEFONO/TELEPHONE		CONTACTO/CONTACT NAME		TELEFONO/TELEPHONE

FACTURAR A./BILL TO:			NUMERO DE R.F.C./I.R.S. NUMBER	MEXICAN FREIGHT CHARGES	U.S.A. FREIGHT CHARGES
CALLE Y NUMERO/ADDRESS			CONTACTO/CONTACT NAME	PREPAGADO/PREPAID	POR COBRAR/COLLECT
CIUDAD/CITY	ESTADO/STATE	C.P./ZIP CODE	TELEFONO/TELEPHONE		
OBSERVACIONES/OBSERVATIONS DOCK TO DOCK					

NUMERO DE PIEZAS NUMBER OF PALLETS	TIPO DE EMPAQUE PACKAGING	DESCRIPCION DE LA MERCANCIA DESCRIPTION OF ARTICLES	NMFC#/SUB	CLASS	WEIGHT
TOTAL PALETAS/PALLETS					

SERVICIOS COMPLEMENTARIOS/ACCESORIAL SERVICES				MEXICAN LIABILITY	USA LIABILITY
REEXPEDICION/REROUTING		CRUCE DE PUENTE/DRAYAGE			
PREVLACITA/APPOINTMENT		EMALAJE/PACKAGING			
OCUREE ANDEN/DOCK PICK UP		ETIQUETADO/LABELING		VALOR DECLARADO/DECLARED VALUE	
ALMACENAJE/STORAGE		MANIOBRAS DE CARGUE/LABOR			

<b>FREIGHT CONDITION:</b>	<input type="checkbox"/> VISIBLE DAMAGE	<input type="checkbox"/> VIOLATED GOODS OR PACKAGE	TOTAL PIECES	TOTAL WEIGHT
<input type="checkbox"/> PACKAGE OR CONTENTS WET	<input type="checkbox"/> SHIPPER'S LOAD AND COUNT	<input type="checkbox"/> OTHER _____		

REMITENTE/SHIPPER	CENTRAL TRANSPORT LLC
NOMBRE/NAME:	NOMBRE/NAME:
FIRMA/SIGNATURE:	FIRMA/SIGNATURE:
	RECEIVED: DATE AND TIME: