

NON- NEGOTIABLE

INTER-AMERICAN UNIFORM THROUGH BILL OF LADING FOR
THE INTERNATIONAL CARRIAGE OF GOODS BY ROAD

INTERMODAL CERTIFICATION

| | | | | |
|---|---|-------------------------------|--|---|
| <p>1 Bill of Lading No: _____</p> <p>2 Shipper: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p>3 Consignor: _____ Address: _____ City: _____ Country of export: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p>4 Consignee: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p>5 Receiver (if other than Consignee): _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p>6 Customs Broker: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p>7 Forwarding Agent: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p>8 Bill to: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> | <p>9 Shipper's Reference No: _____</p> <p>10 Routing Instructions (use continuation page if necessary): Contracting Carrier: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Carrier code: _____ Equipment no: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____ Performing carrier: _____ Address: _____ Telephone: _____ Fax: _____ Carrier code: _____ Equipment No.: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p>11 Special instructions:</p> <p>12 Emergency response contact for hazardous materials and dangerous goods: Telephone: _____</p> <p><input type="checkbox"/> Written emergency response instructions have been received by: <input type="checkbox"/> Contracting Carrier <input type="checkbox"/> Performing Carrier</p> <p>Initials of driver or of Contracting Carrier's authorized representative: _____</p> <p><input type="checkbox"/> Appropriate placards offered to and/or received by Performing Carrier: Driver's initials: _____</p> <p>13 Non-Recourse (allowed on freight collect shipments only): subject to Article 4 of the Terms and Conditions on the reverse side hereof, if the Goods are to be delivered without recourse to the Shipper, the Shipper shall sign the following statement: the Contracting Carrier may decline to make delivery of these Goods without payment of freight and all other lawful charges Signature of Shipper: _____</p> <p>14 C.O.D. Amount: _____ Specify Currency: _____ Acceptable forms of payment: _____ C.O.D. collection fee: <input type="checkbox"/> prepaid <input type="checkbox"/> collect</p> <p>15 Payment method: Prepaid unless otherwise indicated <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid to: _____ and collect beyond (Place)</p> | | | |
| 14 No. of packages | 18 Kind of package | 20 Hazardous Materials | 22 Description of goods – Special marks, numbers, nature of goods | 24 Actual weight of goods <input type="checkbox"/> Kg or <input type="checkbox"/> Lbs |
| 17 | 19 | 21 | 23 | 25 |

