

NEGOTIABLE

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

Page \_\_\_\_\_ of \_\_\_\_\_

<p><b>1</b> Bill of Lading No.: _____</p> <p><b>2</b> Shipper: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p><b>3</b> Consignor: _____ Address: _____ City: _____ Country of export: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p><b>4</b> Consignee: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p><b>5</b> Receiver (if other than Consignee): _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p><b>6</b> Customs Broker: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p><b>7</b> Forwarding Agent: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p> <p><b>8</b> Bill to: _____ Address: _____ City: _____ Country: _____ Zip code: _____ Contact: _____ Telephone: _____ Fax: _____ E-mail: _____</p>	<p><b>9</b> Shipper's Reference No.: _____</p> <p><b>10</b> 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><b>11</b> Special instructions:</p> <p><b>12</b> 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><b>13</b> 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><b>14</b> 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><b>15</b> Payment method: Prepaid unless otherwise indicated <input type="checkbox"/> Collect <input type="checkbox"/> Prepaid to: _____ and collect beyond (Place)</p>
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<b>16</b> No. of packages	<b>18</b> Kind of package	<b>20</b> Hazardous Materials	<b>22</b> Description of goods – Special marks, numbers, nature of goods	<b>24</b> Actual weight of goods <input type="checkbox"/> Kg or <input type="checkbox"/> Lbs
<b>17</b>	<b>19</b>	<b>21</b>	<b>23</b>	<b>25</b>

