

APPENDIX C

Carrier:	T.D.I.S. Manifest Number: _____
Thoroughbred Direct Intermodal Services 2260 Butler Pike Suite 400 Plymouth Meeting, PA 19462 Phone # (877) 250 – 2902 Fax # (610) 567 – 3389	Trailer Number: _____

Shipper:	Shipper Bill of Lading Number: _____
Name: Address City/State/Zip: SID No.:	Seal Number(s): _____

Consignee:	SPAC:
Name: Address: City/State/Zip: CID No.:	Pro Number: Bar Code Space

Special Instructions:	Freight Charge Terms: (Freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3 rd Party: _____ <input type="checkbox"/> (check box): Master bill of lading with attached underlying bills of lading.
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Customer Order Information				
Customer Order No.	No. Of Pieces	Weight	Pallet/Slip (circle one)	Additional Shipper Information
			Y N	
			Y N	
			Y N	
			Y N	
Grand Total				


Carrier Information										
Handling Unit		Package				Commodity Description			LTL Only	
Qty	Type	Qty	Type	Weight	HM (X)	Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC item 360			NMFC No.	Class

Where the rate is dependent on value, shippers are required to 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 _____"

COD Amount: \$ _____

Free terms: Collect __, **Prepaid** __, **Customer check acceptable** __

Note Liability limitation for loss or damage in this shipment may be applicable. See 49 USC § 14706(c)(1)(A) and (B).

Shipper Signature / Pickup Date These is to certify that the above named materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.. Signature: _____ Date / Time: _____	Trailer Loaded: _ By shipper _ By driver Freight Counted: _ By shipper _ By Driver/pallets said to contain _ By driver/pieces		Consignee Signature / Delivery Date Consignee acknowledges receipt of packages/contents described above is received in good order, except as noted. Signature: _____ Date / Time: _____
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