



If Spee Dee Delivery has questions regarding this Bill of Lading, who should they contact?

Name _____
Phone _____
Email _____

When the form is completely filled out, you can:

Press "Submit by Email" to transmit the request via email.

~or~

Press "Print Form" to print the request and manually fax it to Spee Dee LTL.
FAX: 320-240-7995

If assistance is needed to fill out this form, please contact Spee Dee Delivery at 320-251-6697 and ask for the LTL Department.



Spee Dee Delivery Service, Inc.

PO Box 1417, St Cloud, MN 56302-1417

www.speedeedelivery.com

Pro Number _____

Attach tracking sticker here

Date _____

Bill of Lading

Freight Charges billed to: check one Shipper Consignee Third Party

Billed to Shipper number _____

Shipper

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Consignee

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Third Party billing information

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Driver Instructions:

PO# _____
Declared Value \$ _____
COD Amount \$ _____

Shipments received are subject to the terms and conditions of Spee Dee Delivery's Rates and Service Guidelines on the date of the issue of bill of lading. **Limit of Liability** is agreed to be up to \$100.00 per pallet unless higher value is declared and additional charges are paid.

Number of Pallets	Size of Pallet	Number of Items on Pallets	HM X	Description of Articles	Total Weight in pounds
				Hazardous Materials require a Hazardous Material shipping paper	

Driver Delivery Notes	Condition of Freight: _____	Lift Gate: Pick Up	Delivery
	_____	Hand Unload: Pick Up	Delivery
	_____	Residential: Pick Up	Delivery
	_____	Appointment Required: Pick Up	Delivery
	_____	Forwarding Fee: Yes	No
	_____	Destination Surcharge: Yes	No
		Special Equipment: Yes	No

The below Signatures certify that the above named materials are received in apparent good order and condition and are subject to Spee Dee Delivery's Rates and Service Guidelines published at www.speedeedelivery.com, and are properly marked and labeled and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Shipper

Spee Dee

Consignee

Printed Name _____

Signature _____

Date / Time _____



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Bill of Lading

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Billed to Shipper number _____

Shipper

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Consignee

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Third Party billing information

Name _____
Company _____
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Driver Instructions:

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Shipper

Spee Dee

Consignee

Printed Name _____

Signature _____

Date / Time _____

Consignee Copy



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Pro Number _____

Attach tracking sticker here

Date _____

Bill of Lading

Freight Charges billed to: check one Shipper Consignee Third Party

Billed to Shipper number _____

Shipper

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Consignee

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Third Party billing information

Name _____
Company _____
Street _____
City _____ State _____
Zip _____ Phone _____

Driver Instructions:

PO# _____
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Shipper

Spee Dee

Consignee

Printed Name _____

Signature _____

Date / Time _____

Shipper Copy