



BILL OF LADING

Freight Bill Number: _____

Date Shipped: _____

safewayexpress@aol.com | (562) 833-8838

SafewayExpressLAX.com | 11917 Inglewood Ave, Hawthorne, CA 90250

F R O M	Company
	Other
	Address
	City State Zip
	Sent by: Phone
	Reference No.

S H I P T O	Company
	Other
	Address
	City State Zip
	Attn Phone
	Consignee P.O. or Reference No.

Origin	Tariff	Destination
Assume Prepaid if not otherwise specified		

Shipment Services Requested:

B I L L T O	Company
	Other
	Address
	City State Zip

Type of Service

Same Day 3-5 Day

Next Day Full Truckload

2nd Day Other

COD FCOD

Shipper's COD subject to notations on reverse side.

Pieces	Description and Content of Pieces	Weight

Declare value for carriage: Any coverage requested over \$250,000 requires prior approval from Safeway Express. All shipments are subject to Safeway Express Terms and Conditions. Declared Value:	Carriers claim liability shall not be more than \$0.50 per pound or \$50.00 whichever is greater, unless a higher value is declared on this airbill.			C.O.D. Amount
	Shipper Signature	Date	Time	C.O.D. Fee
Received in good order except as noted	Print Name	Date	Time	Total Charges
X				

Delivered by: _____ Date: _____ Time: _____