# Коносамент (товарораспорядительный документ) (Bill of Lading)

 Bill of Lading

SHIP (VESSEL): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name, home port and registration number)

BILL DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TO FROM

---------------------------------------------------------------------------

¦Consignee ¦ ¦Shipper ¦

+---------------------------------+-----+---------------------------------+

¦Street ¦ ¦Street ¦

+---------------------------------+-----+---------------------------------+

¦Destination ¦ ¦Origin ¦

+---------------------------------+-----+---------------------------------+

¦City/State/Zip ¦ ¦City/State/Zip ¦

+---------------------------------+-----+---------------------------------+

¦Route: ¦ ¦Special Instructions: ¦

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FOR PAYMENT, SEND BILL TO SHIPPER'S INSTRUCTIONS

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¦Name ¦ ¦ ¦

+---------------------------------+-----+---------------------------------+

¦Company ¦ ¦ ¦

+---------------------------------+-----+---------------------------------+

¦Street ¦ ¦ ¦

+---------------------------------+-----+---------------------------------+

¦City/State/Zip ¦ ¦ ¦

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¦NO. SHIPPING UNITS¦TIME¦ DESCRIPTION OF ARTICLES ¦WEIGHT¦RATE¦CHARGES¦

¦ ¦ ¦ SPECIAL MARKS & EXCEPTIONS ¦ ¦ ¦ ¦

+------------------+----+-----------------------------+------+----+-------+

¦ ¦ ¦ ¦ ¦ ¦ ¦

+------------------+----+-----------------------------+------+----+-------+

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¦ ¦

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¦REMIT C.O.D. ¦C.O.D. AMOUNT: ¦C.O.D. FEE ¦

¦ ¦ ¦PREPAID \_\_\_\_\_\_\_\_\_\_\_¦

¦ ¦ ¦COLLECT \_\_\_\_\_\_\_\_\_\_\_¦

+------------------+----------------------------------+-------------------+

¦TO: ¦If this shipment is to be ¦TOTAL ¦

¦ ¦delivered to the consignee without¦CHARGES $ ¦

¦ADDRESS: ¦recourse on the consignor, the ¦ ¦

¦ ¦consignor shall sign the following¦ ¦

¦ ¦statement: ¦ ¦

¦ ¦The carrier shall not make ¦ ¦

¦ ¦delivery of this shipment without ¦ ¦

¦ ¦payment of freight and all other ¦ ¦

¦ ¦lawful charges. ¦ ¦

¦ ¦\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_¦ ¦

¦ ¦ (Signature of Consignor) ¦ ¦

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¦NOTE: Where the rate is dependent ¦ ¦Freight Charges ¦

¦on value, shippers are required to¦ ¦are collect unless ¦

¦state specifically in writing the ¦ ¦market prepaid ¦

¦agreed or declared value of the ¦ ¦ ¦

¦property. The agreed or declared ¦ ¦CHECK BOX IF ¦

¦value of the property is hereby ¦ ¦PREPAID \_\_\_\_\_\_\_\_\_\_\_¦

¦specifically stated by the shipper¦ ¦ ¦

¦to be not exceeding $ ¦ ¦ ¦

¦per ¦ ¦ ¦

+----------------------------------+------------------+-------------------+

¦Shipper ¦Carrier ¦

+----------------------------------+--------------------------------------+

¦Per ¦Per ¦Date: ¦

+----------------------------------+------------------+-------------------+

¦Mark with "X" or "RQ" if appropriate to designate Hazardous Materials ¦

¦Substances as defined in the Department of Transportation Regulations ¦

¦governing the transportation of hazardous materials. The use of this ¦

¦column is an optional method for identifying hazardous materials on Bills¦

¦of Lading 172.201(a)(1) (iii) of Title 49. Code of Federal Regulations. ¦

¦Also when shipping hazardous materials, the shipper's certification ¦

¦statement prescribed in section 172.204(a) of the Federal Regulations, as¦

¦indicated on the Bill of Lading does apply, unless a specific exception ¦

¦from the requirement is pro vided in the Regulation for a particular ¦

¦material. ¦

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