

Web Straight Bill of Lading — original — not negotiable

Carrier: OLD DOMINION

Date: 09/06/2012

PRO number: _____

B/L number: _____

Shipper number:		Trailer number:	
Shipper name: CUSTOMER NAME			
Address:			
City:	State:	Zip code:	
Origin city (if different than before):	State:	Zip code:	

Invoicee: INDIUM CORP C/O TRANSPORTATION INSIGHT		
Address: P O BOX 23000		
City: HICKORY	State: NC	Zip code: 28603

Checker:	Pieces:	O/B Unit:	Destination:
Consignee name and address: INDIUM CORP			
80 SCOTT			
Destination city: ELK GROVE VILLAGE		State: IL	Zip code: 60007
Phone number: (847) 439-9135			
Customer number:	Store number:	Department:	
P.O. number:			
Special instructions: REFERENCE CR#			

COD fee: Prepaid Collect **COD amount: \$** _____ **Customer check OK for COD amount?** Yes No

No. shipping units	Kind of package	No. pieces	Unit of measure	H/M	Description of articles, special marks, and exceptions	NMFC item number	Class	Weight (lb.) <i>Subject to correction</i>	Shipment dimensions		
									Length	Width	Height
1	PLT	1	DRM		DROSS-RESIDUE (LEAD-FREE)		50	500			
1	PLT	1	DRM	X	UN3077 ENVIRONMENTALLY HAZARDOUS SUBSTANCES, SOLID, N.O.S. (LEAD RESIDUE), 9 III		50	450			
2		2			PAGE TOTAL			950			

EMERGENCY CONTACT
 Phone: **(703) 527-3887** Name: **CHEMTREC/INDIUM CORP** Contract #: **11189**
 Shipment charges are prepaid unless marked collect: Prepaid Collect Total charges: \$ _____

Note (1) 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 hereby specifically stated by the shipper to be not exceeding _____ per _____

Note (2) Liability limitation for loss or damage on this shipment may be applicable. See 49 U.S.C. §14706 (c)(1)(A) and (B).
 Received subject to individually determined rates or written contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to rates, classifications and rules that have been established by the carrier and are available to the shipper, on request.

Note (3) 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 Sec. 2(e) of NMFC item 360.
 If this shipment is to be delivered to the consignee, without recourse on the consignor, the consignor shall sign the following statement:
 The carrier may decline to make delivery of this shipment without payment of freight and all other lawful charges.
 Signature of consignor _____

The property described above is in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, consigned, and destined, as indicated above which said carrier (the word carrier being understood throughout the contract as meaning any person or corporation in possession of the property under the contract) agrees to carry its usual place of delivery of said destination, if on its route, otherwise to deliver to another carrier on the route to said destination.
 It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on the back hereof which are hereby agreed to by the shipper and accepted for himself and his assigns.

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packaged, marked and labeled/placarded and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Shipper company name: CUSTOMER NAME	Carrier: OLD DOMINION	Date:	Trailer loaded by: <input type="checkbox"/> Shipper <input type="checkbox"/> Driver
Shipper signature:	Employee signature:	H/U received:	Freight counted by: <input type="checkbox"/> Shipper <input type="checkbox"/> Driver: pallets said to contain <input type="checkbox"/> Driver: pallets containing <input type="checkbox"/> Driver: loose pieces

Mark "X" in "HM" column for hazardous materials.

Single shipment pickup: