

OLD DOMINION FREIGHT LINE, INC**STRAIGHT BILL OF LADING/CANADA CUSTOMS INVOICE**

1. EXPORTER/SHIPPER (Name and address including ZIP code) ZIP CODE			2. OLD DOMINION PRO NO		3. DATE			
4. ULTIMATE CONSIGNEE (Name and Address) PHONE			5. P.O. NO		6. BILL OF LADING NO			
8. COUNTRY OF TRANSSHIPMENT			9. CURRENCY OF SETTLEMENT					
10. EXPORTING CARRIER (TRUCK): OLD DOMINION FREIGHT LINE, INC			11. COUNTRY OF ORIGIN		IF SHIPMENT INCLUDES GOODS OF DIFFERENT ORIGINS ENTER ORIGINS AGAINST ITEMS IN FIELD 18.			
12. ORIGIN CITY & STATE			15. PLACE OLD DOMINION PRO LABEL HERE					
13. CONDITIONS OF SALE AND TERMS OF PAYMENT								
14. SPECIAL INSTRUCTIONS								
16. NO. PCS	17. H.M.	18. PIECES, KINDS OF PACKAGING, DESCRIPTION OF COMMODITIES	19. QUANTITY	20. SHIPPING WEIGHT (LBS)	21. UNIT PRICE	22. VALUE (U.S. DOLLARS) (SELLING PRICE OR COST IF NOT SOLD)		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. If any of fields 1 to 24 are included on an attached commercial invoice, check this box <input type="checkbox"/>			23. TOTAL WEIGHT		24. INVOICE TOTAL			
Commercial Invoice No. _____			Net	Gross				
RECEIVED and mutually agreed by the Shipper, his assigns and any additional party with an interest to any of said property hereto and by the Carrier of all or any of said property over all or any portion of said route to destination, that every service to be performed hereunder shall be subject to the National Motor Freight classifications (NMF 100 Series) including the Rules, packaging, the Uniform Bill of Lading Terms and Conditions, applicable regulations of the US Department of Transportation (DOT), ATA Hazardous Materials Rules Guide Book, Household Goods Mileage Guides, Carrier's tariffs (including OD Rules 100), Carrier's pricing schedules, terms, conditions and rules maintained at Carrier's general offices all of which are in effect as of the date this Bill of Lading is tendered to Carrier. Shipper certifies that the consigned merchandise is properly weighed, classified, described, packaged, marked, labeled, destined as indicated, in apparent good order except as noted (contents and conditions of contents of packages unknown), and in proper condition for transportation according to the DOT and the NMF 100 Series. Carrier (Carrier defined throughout this contract as meaning any person or corporation in possession of the property under this contract) agrees to carry to said destination if on its route, otherwise to deliver to another carrier on the route to said destination. Carrier shall in no event be liable for loss of profit, income, interest, attorney fees, or any special, incidental or consequential damages. Shipper 1) warrants it has read all applicable contract(s) or Carrier's applicable tariff(s), including OD Rules 100, and the limitation of liability provisions set forth therein; and 2) has actual knowledge of and accepts the contract or tariff terms, including the limits on carrier liability.								
26. Note - When the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. Noting a value is not a request for Additional Cargo Liability under OD Rules 100, Item 574. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding: \$ _____ per _____			27. Subject to section 7 of the Uniform BOL conditions, if this shipment is to be delivered to the consignee without 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 charges. <input checked="" type="checkbox"/> _____ Signature of Consignor					
28. TERMS OF PAYMENT (Check appropriate box) <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT			29. COD FEE <input type="checkbox"/> PREPAID <input type="checkbox"/> COLLECT Shipper is required to notify Carrier if personal/company check NOT acceptable.		30. COD AMOUNT U.S. \$ _____			
31. Exporter's Name and Address (if other than Exporter/Shipper)			32. Originator (Name and Address)					
33. Department Ruling (if applicable)			34. If fields 35 to 37 are not applicable, check this box <input type="checkbox"/>					
35. If included in field 24 indicate amount: (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada _____ (ii) Cost of construction, erection and assembly incurred after importation into Canada _____ (iii) Export packing _____			36. If not included in field 24 indicate amount: (i) Transportation charges, expenses and insurance from the place of direct shipment to Canada _____ (ii) Amounts for commissions other than buying commissions _____ (iii) Export packing _____		37. Check (if applicable) <input type="checkbox"/> Royalty payments or subsequent proceeds are paid or payable by the purchaser <input type="checkbox"/> The purchaser has supplied goods or services for use in production of goods			
I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked and labeled, and are in all respects in proper condition for transport by rail, highway, water according to applicable international and national government regulations.			OLD DOMINION FREIGHT LINE, INC (ODFL)					
38. SHIPPER <input checked="" type="checkbox"/>			39. PER	40. DATE	41. PIECES			

Instructions for Completing Straight Bill of Lading / Canada Customs Invoice

NOTE: CANADA CUSTOMS REQUIRES COMPLETION OF BLOCKS 7 THROUGH 13, 19, 21 THROUGH 25 AND 31 THROUGH 37 WHEN APPLICABLE.

1. Complete shipper name, address, city, state and first five digits of the zip code.
2. Enter Old Dominion's PRO number
3. Enter shipping date.
- 3a. If known, enter the Canadian broker's name and phone number in this space.
4. Enter the name, address and phone number (if known) of the party actually receiving the merchandise in Canada.
5. Enter purchase order number(s), if applicable.
6. Enter shipper's bill of lading number.
7. If a party other than the Ultimate Consignee is purchasing the merchandise, provide the name and address of the Purchaser.
8. If this shipment originate outside of the U.S., enter U.S. as the country of transshipment. Otherwise, leave blank.
9. Indicate the currency in which the shipper requires payment.
10. Old Dominion Freight Line, Inc. is already shown here as the mode of transportation.
11. Enter the name of the country in which the merchandise was mined, grown, manufactured, produced or substantially transformed.
12. Enter the place from which the goods began their uninterrupted journey to Canada.
13. Describe the terms and conditions agreed upon by both shipper and purchaser.
14. Enter special handling or delivery instructions, if any.
15. Place Old Dominion PRO label here.
16. Enter number of package (i.e., bales, cartons, skids) for each separately described article.
17. An "X" must be entered for each hazardous material item
18. Enter kinds of packaging (i.e., bales, cartons, skids). Complete and detailed descriptions of articles using general and commercial terms, since the customs tariff commodity code classification will be determined from this description.
(Use additional forms if more space is needed, and number each page at the top right corner of each form.)
19. Enter the number and type of unit(s). Report whole units.
(Example: If shipping cash registers state "200 each;" if shipping shoes state "500 pairs.")
20. Enter the gross shipping weight in pounds for each separately described article.
21. Enter the price per unit for each article using the currency of settlement in block 9.
22. Enter the selling price or cost if not sold, stated in the U.S. currency.
23. Enter the total net and gross weight (pounds) of shipment.
24. Enter the total price paid or payable for goods (total value). Total all amounts in block 22 to equal total value.
25. Check this box and enter the commercial invoice number when applicable.
26. State the agreed or declared value (U.S. currency) when the rate is determined by value.
27. Signature of Consignor is required when subject to Section 7 conditions.
28. Enter an "X" in the appropriate box to indicate terms of payment of the freight charges.
 Prepaid
 Collect
29. If this is a COD shipment, check appropriate box to specify if the COD fee is Prepaid or Collect.
30. If this is a COD shipment, enter the COD Amount (U.S. currency).
31. Complete this block if the exporter/shipper is other than exporter/shipper name and address shown in block 1.
32. Indicate the name and address of the person and/or firm completing the invoice. The field may be left blank if the information is provided elsewhere on this form.
33. Department rulings are made by Canadian Customs on behalf of a particular shipper's commodity.
If applicable, provide file reference number and date of ruling.
34. If fields 35 to 37 are not applicable, check this box.
- 35 - 37. Self explanatory.
38. Signature of shipper should be entered here.

- 39 - 41. To be completed by Old Dominion's pickup driver.

Distribution

Original and 2 copies - ODFL Driver

1 copy - mail to consignee

1 copy - mail to custom's broker

1 copy-retained by shipper