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FMC No. 019931F

BILL OF LADING
Control Number: _____

SHIP FROM	SHIP TO
Property Owner	Consignee
Address	Address
Phone	Phone
Origin Agent	Destination Agent
Phone	Phone

PIECES WEIGHTS CUBES AND CONTAINERS				
Container No. / Seal	Quantity and Kind of Package	Description	Volume	Weight

Liability and Insurance

If checked, this shipment is released at 10 cents per pound per article (60 cents per pound per article for Hawaii and Alaska). Liability is subject to terms and conditions on reverse side.

-or-

If checked, I authorize Unipack Global Relocation, Inc to insure my shipment in the amount of _____USD. I have paid the resulting premium. I have completed a valued inventory and it is attached. I hereby agree to the terms and conditions of this bill of lading front and back hereof in addition to the terms and conditions of the transit insurance and my signature authorizes Unipack Global Relocation, Inc. to forward my consignment.

Shipper Signature		Date :	Shipper Signature		Date :
Origin Agent Signature		Date :	Destination Agent Signature		Date :