

SUNRISE TRANSFER, INC.  
 2300 ESTES AVE - UNIT C  
 ELK GROVE VILLAGE, IL 60007

OFFICE: (847)439-2580  
 FAX: (847) 439-2571  
 www.sunrisetransfer.com

SCAC CODE: SUIF  
 US DOT # 358868  
 MC # 220827

# BILL OF LADING

SUNRISE PRO# \_\_\_\_\_

CUSTOMER PRO# \_\_\_\_\_

ORIGIN			
NAME			
ADDRESS			
CITY	STATE	ZIP	
CONTACT	TELEPHONE NUMBER		

DESTINATION			
NAME			
ADDRESS			
CITY	STATE	ZIP	
CONTACT	TELEPHONE NUMBER		

BILL TO	ADDRESS	CITY	STATE	ZIP
---------	---------	------	-------	-----

SERVICE	NO. OF PCS.	DESCRIPTION	WEIGHT	ACCESSORIAL
Next Flight <input type="checkbox"/>				Climate <input type="checkbox"/>
Same Day <input type="checkbox"/>				Liftgate <input type="checkbox"/>
Next Day <input type="checkbox"/>				Extra Man <input type="checkbox"/>
3-5 Day <input type="checkbox"/>				Inside P/U <input type="checkbox"/>
Other <input type="checkbox"/>				Inside Del. <input type="checkbox"/>
				Packing <input type="checkbox"/>
				Unpacking <input type="checkbox"/>
				Debris Rem. <input type="checkbox"/>
				Other <input type="checkbox"/>

SPECIAL INSTRUCTIONS	VALUATION STATEMENT
	NOTICE: UNLESS A HIGHER VALUE IS DECLARED, THE SHIPPER HEREBY RELEASES THE PROPERTY TO A VALUE OF \$0.50 PER POUND PER ARTICLE.
	DECLARED VALUE: \$ _____
	X SHIPPER

ORIGIN	
_____ PRINTED NAME	
_____ ORIGIN SIGNATURE	
_____ DATE	_____ TIME IN/OUT
_____ DRIVER SIGNATURE	

DESTINATION	
_____ PRINTED NAME	
_____ DESTINATION SIGNATURE	
Signature above acknowledges that there is no merchandise or property damaged. All services and installation were performed correctly. If subsequent damage is found, it must be reported within 24 hours of services rendered.	
_____ DATE	_____ TIME IN/OUT
_____ DRIVER SIGNATURE	

\_\_\_\_\_

\_\_\_\_\_