DIMENSIONS

Bringing New Dimension to the Freight Service Industry

Phone 702-944-6091 Fax 702-944-6095

Freight Bill

Date

Shipper (Origin):

Consignee (Destination):

		Company:	
		Address:	
		ATTN:	

# OF PACKAGES	KIND OF PACKAGE, DESCRIPTION OF ARTICLES, SPECIAL MARKS & EXCEPTIONS	WEIGHT	PO #	CHARGES
			Total	

Bill to:

Received in good order except as noted.

Received by (Sign): _____ **Date:** _____

Print: _____

Dimensions use only: ***Yes*** ☐ Check Box 3 ***No*** ☐ Check Box 3

Driver's Signature: _____ Print: _____

Warehouseman's Signature: _____

Any property with Dimensions Liens will not be released without payment in full. Lien on Property ? ***Yes*** ☐ Check Box 3 ***No*** ☐ Check Box 3