



Galaxy Freight Services, Inc.
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GALAXY REFERENCE NUMBER GFS

BILL OF LADING 2009

CUSTOMER NAME: _____

DATE/TIME		SHIPPER		DATE/TIME		CONSIGNEE		
STREET ADDRESS				STREET ADDRESS				
CITY/ STATE/ ZIP CODE				CITY/ STATE/ ZIP CODE				
PHONE NO.		FAX		PHONE NO.		FAX		
EMAIL		REFERENCE		EMAIL		REFERENCE		
DECLARED VALUE FOR CUSTOMS ONLY \$ US		DECLARED VALUE/INSURANCE CARRIER'S MAXIMUM LIABILITY FOR THIS SHIPMENT IS \$50.00 OR \$0.50 PER POUND UNLESS A HIGHER VALUE IS DECLARED. \$ I Accept insurance _____ I Decline Insurance _____ If Left unchecked, No Value will be declared.		PAYMENT (MUST CHECK ONE)				
SERVICE REQUESTED <input type="checkbox"/> OVERNIGHT <input type="checkbox"/> SAME DAY <input type="checkbox"/> ECONOMY <input type="checkbox"/> SPECIFIC DATE				THANK YOU FOR SHIPPING WITH GALAXY !				
				BILL TO REFERENCE: NAME: CREDIT CARD NO. _____ - _____ - _____ EXP. DATE _____ / _____ CASH RECEIVED BY: CHECK NUMBER AMT\$				
QTY	DIMENSIONS/DESCRIPTION INCLUDE P.O./REFERENCE NUMBERS			ACTUAL LBS./KG	VOLUME LBS./KG	FREIGHT CHARGES		
VOLUME= L" X W "X H" /194 DOMESTIC OR /166 INTERNATIONAL. THE GREATER OF THE TWO WILL BE CHARGEABLE WEIGHT IN POUNDS.							HANDLING/DOC	
							SPECIAL PU/ DL	
							PACKING/CRATING	
							INSURANCE	
							OTHER	
SHIPPER'S SIGNATURE (I AGREE TO ALL OF THE TERMS AND CONDITIONS OF THIS CONTRACT)				DATE	TIME	TOTAL		
X						CHARGES		
DOES THIS SHIPMENT CONTAIN HAZARDOUS MATERIAL YES NO						\$		
X								
DRIVER OR AGENT SIGNATURE				DATE	TIME	Please visit our website www.galaxyfreightservices.com		
X								
CONSIGNEE'S SIGNATURE-RECEIVED IN GOOD ORDER				DATE	TIME			
X								
Terms and Conditions: It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage. SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE SIDE HEREOF. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring an insurance value for carriage and paying a supplemental charge. NOTE: Antiques, Works of Art, Jewelry, or other non-reproducible articles will not be insured in excess of \$50.00. Values agreed to be \$50.00 or \$0.50 per pound unless excess Insurance value is declared. Declared Value/Insurance covers only shipping related damages. Concealed/internal damages will not be covered.								