



IOWA INTERSTATE RAILROAD, LLC.

STRAIGHT BILL OF LADING

Please send to Billing Dept:

Fax: 319-298-5454 Email: TD@iaisrr.com

Phone: 1-800-247-8570

Intermodal email: Intermodaldistro@iaisrr.com

CAR INITIAL & NUMBER

SHIPPER BOL NUMBER

BILL OF LADING DATE

Railroad Origin: Railroad Destination:

SHIPPER

CONSIGNEE

IN CARE OF PARTY

NAME ADDRESS CITY STATE PHONE

ROUTE (list roads, junctions and delivering carrier):

Table with columns: STCC, Packages, Description of Product Shipped, WEIGHT, WEIGHT INSTRUCTIONS

SEAL NUMBERS

FREIGHT CHARGES

PREPAID

COLLECT

RULE 11

RATE AUTHORITY

Check one:

FREIGHT PAYEE

RULE 11 PARTY

NAME ADDRESS CITY STATE PHONE

Special instructions:

Large empty box for special instructions

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the shipper, the shipper shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of Shipper

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight"

Note-Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property. The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding.

\$ per Shipper

Shipper's Signature

Agent's Signature