INSTRUCTIONS FOR COMPLETING YOUNG BROTHERS BILL OF LADING

A Purchase Order or Government Bill of Lading number if you require that information on your invoice.

B Booking number assigned to you by our Reservation Department.

C Method of Payment: (check one box only)
PREPAID - Shipper will pay freight charges before leaving pier.
After checking in cargo, driver should take complete Bill of Lading to the Cashier.
COD - Consignee will pay freight charges before picking up shipment.
SHIPPER ACCT. # - Shipper has an account with YB and freight charges will be billed to the specified account number.
CONSIGNEE ACCT. # - Consignee has an account with YB and freight charges will be billed to the specified account number.

D Provide complete name, address, phone number.

E Provide complete name, address, phone and fax number of consignee and indicate name of trucker picking up shipment (if applicable). If you are not sure who will be picking up cargo, LIST MORE THAN ONE NAME. CARGO WILL ONLY BE RELEASED TO PERSON NAMED ON BILL OF LADING.

F Check port of origin (from) and port of destination (to).

G State number of cargo being shipped.

H Description of cargo.

I Weight of cargo.

J Freight insured up to $5,000 per piece, package, or bill of lading.
If you want to insure your cargo for a higher amount, declare actual value in this section and we will charge you $.13 per $100 of value in excess of $5,000.

K Sign and date the Bill of Lading.

YB YOUNG BROTHERS, LIMITED
Lifeline of the Hawaiian Islands

P.O. Box 3288 • Honolulu, Hawaii 96801
Honolulu Pier 40 543-9311
Hilo 935-8903 • **Maui** 877-6511 • **Molokai** 553-5431
Kauai 245-4051 • **Lanai** 565-6626 • **Kawaihae** 882-7244

BILL OF LADING
NOT NEGOTIABLE

RECEIVED by Young Brothers, Limited (Carrier), subject to applicable tariff in effect on the date of issue of this Bill of Lading and subject to all terms and conditions of this Bill of Lading, in apparent good order and condition, except as otherwise noted, certain goods described below by shipper, to be transported by vessel employed by Carrier, to the port of destination named herein, and there to be delivered to the consignee or assigns on payment of the freight and other charges that may be due thereon. Carrier's obligations to the shipper and consignee, and owner of the cargo if other than shipper or signee, are subject to and limited by the terms and conditions of this Bill of Lading.

NOTICE: MAXIMUM INSURANCE IS $5,000 PER PIECE, PACKAGE OR UNIT OF CARGO UNLESS ACTUAL VALUE IS DECLARED BY INSERTING VALUE ON THIS BILL OF LADING AND AD VALOREM CHARGE PAID.

❑ **NEXT BARGE**

P.O. / G.B.L. NO. **A**

BOOKING NO. **B**

IMPORTANT: THIS BILL OF LADING IS SUBJECT TO THE GENERAL TERMS AND CONDITIONS PRINTED ON BACK

C **METHOD OF PAYMENT: CHECK ONE ONLY**

❑ Prepaid — Pay before shipping
❑ COD — Pay at Pickup
Charge To: ❑ Shipper Acct # _____ ❑ Consignee Acct # _____

D FROM (SHIPPER)	**E** TO (CONSIGNEE)
NAME: John Q. Public	NAME: Mary G. Smith
ADDRESS: 2200 Kalakaua Ave.	ADDRESS: 514 Kinoole St.
Honolulu, HI 96815	Hilo, HI 96744
PHONE: 945-6211 FAX:	PHONE: 923-7299 FAX:
C/O	C/O ABC Trucking

F (INDICATE BOTH PORTS)

FROM ❑ **0** - HONOLULU ❑ **1** - HILO ❑ **2** - MAUI ❑ **3** - MOLOKAI ❑ **4** - KAUAI ❑ **5** - LANAI ❑ **6** - KAWAIHAE

TO ❑ **0** - HONOLULU ❑ **1** - HILO ❑ **2** - MAUI ❑ **3** - MOLOKAI ❑ **4** - KAUAI ❑ **5** - LANAI ❑ **6** - KAWAIHAE

NO. OF UNITS	DETAILED DESCRIPTION OF PACKAGES	CUBIC FEET	GROSS WEIGHT LBS.	VALUE	COMMODITY CODE
G	**H**		**I**	**J**	
1	1998 Toyota Camry				
	4 Door/Red				
	VIN Number 467GHI38964R356				
	License Number ABC-000				

REFERENCE B/L NO.	CONTAINER NO.	TOTAL CUBIC FEET	TOTAL GROSS WEIGHT LBS.	TOTAL CHARGES	RATE CLERK
YB RECEIVING CLERK: DATE:					

EXCEPTIONS WHEN RECEIVED BY YB:
❑ CRUSHED ❑ TORN ❑ PUNCTURED ❑ DIRTY
❑ THAWED ❑ WET

SPECIAL CONDITIONS WHEN RECEIVED BY YB:
❑ SLC ❑ OVERHANG

DELIVERY NOTIFICATION

CLERK	DATE	TIME	CONTACT

Delivered in good condition, except as noted above. Shipper's Signature **K** DATE:

EXCEPTIONS WHEN **DELIVERED** BY YB:

WRITTEN NOTICE OF, OR INTENT TO FILE CLAIMS MUST BE MADE WITHIN 60 DAYS OF DELIVERY OF CARGO.

DELIVERY RECORD

DATE DEL.	PARTIAL	QUANTITY	INITIAL

YB DELIVERY CLERK: DATE:

Received in good condition, except as noted above. CONSIGNEE'S SIGNATURE: X DATE:

FORM NO. 100001 (REV 10/00)