

INSTRUCTIONS FOR COMPLETING
YOUNG BROTHERS BILL OF LADING

- A** Purchase Order 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)
SHIPPER - Freight charges will be paid before leaving pier.
 After checking in cargo, driver should take complete Bill of Lading to the Cashier.
- D** **SHIPPER**: Provide complete name, address, phone number.
- E** **CONSIGNEE**: Provide complete name, address, phone number and indicate name of trucker picking up shipment (if applicable).
CARGO WILL ONLY BE RELEASED TO THE PERSON NAMED ON THE 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** Cargo is 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.

YOU ARE WRITING ON A 4-PART FORM - USE BALL POINT PEN - PRESS FIRMLY

YOUNG BROTHERS
Your Neighbor Island Partner

1331 N. Nimitz Highway
 P.O. Box 30140
 Honolulu, Hawaii 96829-0140
 Phone: 808-532-8903
 Fax: 808-532-8903
 Email: 808-532-8911
 Website: www.youngbrothershawaii.com

BILL OF LADING
 NOT NEGOTIABLE

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NEXT BARGE
 PO / G.B.L. NO. **A**
 BOOKING NO. **B**

RECEIVED BY Young Brothers, LLC (Carrier), subject to applicable tariff in effect on the date of issue of this Bill of Lading and subject to all conditions of the applicable tariff, including the terms, conditions, and exclusions of the tariff. The carrier shall be responsible for the cargo at 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 consignee, are subject to and limited by the terms and conditions of this Bill of Lading, and the applicable tariff, a copy of which can be obtained from any Young Brothers office or at www.youngbrothershawaii.com.

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. SHIPPER IS RESPONSIBLE TO ENSURE THAT CARGO IS PROPERLY PACKAGED, INCLUDING PROTECTION FROM WATER AND OTHER WEATHER-RELATED ELEMENTS.

FROM / SHIPPER TO PAY ACCOUNT NO.: _____ **C** TO / CONSIGNEE TO PAY ACCOUNT NO.: _____

NAME: **D** _____
 C/O _____
 ADDRESS: _____
 PHONE: _____ FAX: _____
 E-MAIL: _____

F FROM (INDICATE BOTH PORTS) 0 - HONOLULU 1 - HILO 2 - MAUI 3 - MOLOKAI 4 - KAUAI 5 - LANAI 6 - KAWAHAE

G TO 0 - HONOLULU 1 - HILO 2 - MAUI 3 - MOLOKAI 4 - KAUAI 5 - LANAI 6 - KAWAHAE

UNITS	DETAILED DESCRIPTION OF PACKAGES	TEMP	CUBIC FEET	GROSS WEIGHT LBS	INSURED VALUE	COMMODITY CODE
G	H		F	I	J	
			F			
			F			
			F			
			F			
			F			
			F			
			F			
			F			
			F			
			F			
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			F			
			F			
			F			
			F			
			F			
			F			
			F			
			F			
			F			
			F			
			F			

REFERENCE BIL. NO. _____ DATE: _____

YB RECEIVING CLERK: _____

EXCEPTIONS / SPECIAL CONDITIONS:

CRUSHED TORN PUNCTURED DIRTY OVERHANG
 THAWED WET OPEN TRUCK OTHER

Shipper's Signature _____ DATE: _____

CLERK	DATE	TIME	CONTRACT


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