



"A member of the TII family of companies."

Load Control Sheet

Order ID: **A** _____

Agent: _____

Form Completed By: _____

| Ref/BL#: _____ | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-------------------|-------------------|----------------|-------|-------|------|-------|-------|--------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---|
| <p style="text-align: center;">Shipper</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Pickup Date/Time: _____</p> | <p style="text-align: center;">Consignee</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Delivery Date/Time: _____</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>Prepaid ___ Collect ___ COD ___ 3rd Party ___ Pick up Check ___</p> <p style="text-align: center;">Bill To</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> | <p style="text-align: center;">Stop/Pickup City/ State</p> <p>_____</p> <p>_____</p> <p>_____</p> | | | | | | | | | | | | | | | | | | | | | |
| Commodity: _____ | | | | | | | | | | | | | | | | | | | | | | |
| <p>Rate: _____ Flat ___ PM ___ PH ___</p> <p>Miles: _____ Weight: _____</p> <p>Linehaul: _____</p> <p>Accessorials:</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>Description</i></th> <th style="text-align: center;"><i>Amount</i></th> <th style="text-align: center;"><i>% to Truck</i></th> </tr> </thead> <tbody> <tr> <td>Fuel Surcharge</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Tarp</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Stops/Pickup</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> <p>Permits _____ Plus ___ Minus ___</p> <p>Escorts _____ Plus ___ Minus ___</p> | <i>Description</i> | <i>Amount</i> | <i>% to Truck</i> | Fuel Surcharge | _____ | _____ | Tarp | _____ | _____ | Stops/Pickup | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | <p>Unit #: _____ Trailer #: _____</p> <p>Driver #: _____</p> <p>Carrier: _____ Carrier Code: _____</p> <p>% or \$ to Truck: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <i>Description</i> | <i>Amount</i> | <i>% to Truck</i> | | | | | | | | | | | | | | | | | | | | |
| Fuel Surcharge | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Tarp | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| Stops/Pickup | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| _____ | _____ | _____ | | | | | | | | | | | | | | | | | | | | |
| <p>Grand Total Billing: _____</p> | | | | | | | | | | | | | | | | | | | | | | |