Green Tree Transportation Company

"A member of the TII family of companies"

Load Control Sheet

Order ID: _____

Agent: _____ Form Completed By: _____ Sequence: _____

Ref/BL#: _____ _____ _____ _____

Shipper	Consignee
Name: _____	Name: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Pickup Date/Time: _____	Delivery Date/Time: _____

Prepaid __ Collect __ COD ___ 3rd Party ___ Pick up Check ___

Bill To

Name: _____

Address: _____

City/State/Zip: _____

Stop/Pickup City/ State

_____

_____

_____

_____

Commodity:

Rate: _____ Flat ____ PM ____ PH____

Miles: _____ Weight: _____

Linehaul: _____

Accessorials:

Description	*Amount*	*% to Truck*
Fuel Surcharge	_____	_____
Tarp	_____	_____
Stops/Pickup	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permits _____ Plus ___ Minus ___

Escorts _____ Plus ___ Minus ___

Dimensions _____L _____W _____H

Grand Total Billing: _____

Unit #: _____ Trailer #: _____

Driver Name: _____

Carrier: _____ Carrier Code:_____

% or $ to Truck: _____

Comments: _____

_____

_____

_____

_____

_____

_____