



5072 Whitelaw Rd.
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www.doyletransportation.ca

SHIPPER

CONSIGNEE

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

CITY: _____

CITY: _____

SHIPPER'S REFERENCE: _____

CONSIGNEE'S REFERENCE: _____

No. of Pieces	Description of Goods	Weight	Cube
Value:	COD Amount \$	Prepaid__ Collect__	

SHIPPER: _____

DATE: _____

CONSIGNEE: _____

DOYLE: _____

STRAIGHT BILL OF LADING-NOT NEGOTIABLE