



BOL Creation for Shipping Galls Orders Directly to End User

This guide is designed specifically for Less-Than-Truckload (LTL) shipments, as defined by shipments that total less than 20,000 lbs. or are 10 pallets or less. For full Truckload (TL) shipments, as defined by shipments that total more than 20,000 lbs. or are 11 pallets or more, contact R+L Global at Galls@RLGlobal.com for assistance with scheduling.

Please visit www.rlcarriers.com and click the Bill of Lading link on the right side of the page.

Shipping to an End User's location. (Drop Ship):

On the BOL creation screen please use the below instructions to properly create a Bill of Lading for a shipment bound directly for an End User.

1. Ship from.

Fill out information in the fields for your company.

Bill of Lading

All fields and sections are required unless they are noted as optional.

Date

1. Ship From

Company Name <input type="text"/>	Email Address (optional) <input type="text"/>
Address Line 1 <input type="text"/>	Address Line 2 (optional) <input type="text"/>
Country <input type="text" value="UNITED STATES"/> ▼	Zip <input type="text"/>
Phone Number / Ext. <input type="text"/> <input type="text"/>	City <input type="text"/> ▼

[Clear Section](#)



2. Ship to.

Fill out the address of the End User's location the shipment is bound for.

- a. Consignee and Phone Number are required and are found on the Galls purchase order.

2. Ship To

Company Name <input type="text"/>	Email Address (optional) <input type="text"/>
Address Line 1 <input type="text"/>	Address Line 2 (optional) <input type="text"/>
Country UNITED STATES ▼	Zip <input type="text"/>
Phone Number / Ext. (optional) <input type="text"/> <input type="text"/>	City <input type="text"/> ▼
	Consignee Attention (optional) <input type="text"/>

[Clear Section](#)

3. Freight Charges paid by.

- a. ONLY choose "Other" for Galls to be billed for the shipping costs.
- b. Fill out the information exactly as presented in the screenshot below:

Galls, LLC
PO Box 55208
Lexington, KY 40555

3. Freight Charges paid by

Same as Ship From (Prepaid) Same as Ship To (Collect) Other

The designated 3rd party is responsible for freight charges.

Company Name Galls, LLC	Email Address (optional) <input type="text"/>
Address Line 1 PO Box 55208	Address Line 2 (optional) <input type="text"/>
Country United States ▼	Zip 40555
Phone Number / Ext. (optional) <input type="text"/> <input type="text"/>	City LEXINGTON, KY ▼

[Clear Section](#)

4. Broker information. (optional section)

This step should be skipped.

4. Broker Information (optional section)

Broker Name	Broker Email Address (optional)
<input type="text"/>	<input type="text"/>
Broker Address Line 1 (optional)	Broker Address Line 2 (optional)
<input type="text"/>	<input type="text"/>
Broker Country (optional)	Broker Zip (optional)
<input type="text"/>	<input type="text"/>
	Broker City (optional)
	<input type="text"/>
Phone Number / Ext. (optional)	
<input type="text"/>	<input type="text"/>

[Clear Section](#)

SKIP

5. Remit COD Information. (optional section)

This step should be skipped.

- a. COD shipments ARE NOT accepted by Galls.

5. Remit COD Information (optional)

Amount (\$)	Check
<input type="text"/>	<input type="text"/>
COD Fee	
<input type="text"/>	
Remit COD Name	Remit COD Email Address (optional)
<input type="text"/>	<input type="text"/>
Remit COD Address Line 1	Remit COD Address Line 2 (optional)
<input type="text"/>	<input type="text"/>
Remit COD Country	Remit COD Zip
<input type="text"/>	<input type="text"/>
	Remit COD City
	<input type="text"/>
Phone Number / Ext. (optional)	
<input type="text"/>	<input type="text"/>

[Clear Section](#)

SKIP

6. Additional Services Needed. (optional section)

In this section you may choose options for pick up and drop off instructions.

- a. Delivery Notification: always select this so carrier can set up delivery times for destination.
- b. Please ensure Destination Liftgate and Residential/Limited Access (Dest.) are checked on all shipments.
- c. NEVER SELECT INSIDE DELIVERY.
- d. DO NOT SELECT "NO SIGNATURE REQUIRED FOR DELIVERY".
 - i. ALL DELIVERIES REQUIRE SIGNATURES.

6. Additional Services Needed (optional section)

- | | |
|---|--|
| <input type="checkbox"/> Origin Liftgate | <input checked="" type="checkbox"/> Destination Liftgate |
| <input type="checkbox"/> Inside Pickup | <input type="checkbox"/> Inside Delivery |
| <input type="checkbox"/> Residential/Limited Access (Orig.) | <input checked="" type="checkbox"/> Residential/Limited Access (Dest.) |
| <input checked="" type="checkbox"/> Delivery Notification | <input type="checkbox"/> Freeze Protection |


We do not pick up freezable products on Friday.


No Signature Required For Delivery (optional section) **New Feature**


7. Select service level.


- a. ONLY use Standard Service.


7. Select Service Level

-  **Standard Service**
 The value you've come to expect from R+L Carriers at an affordable price.

-  **Guaranteed Service**
 Your shipment will arrive by 5:00 PM on the service date. *

-  **Guaranteed By Noon**
 Your shipment will arrive by 12:00 PM on the service date. *

-  **Guaranteed Hourly Window**
 Your shipment will arrive within hourly window** on the service date. *

-  **Expedited Service** ?
 Need it faster? Our business critical solutions team offers overnight service plus a suite of other time sensitive solutions*
Expedited Quote Number

[Not sure which service to choose? Get a rate quote in a new window.](#)

8. Item Information.

Use this section to describe the freight that is being shipped.

- a. Pieces: how many of each Pkg. Type are being picked up.
- b. Pkg. Type: pallets, boxes, etc.
- c. NMFC Item Number: should be chosen based on the items you are shipping.
- d. Weight: total weight of all pieces for this shipment.
- e. Description: use this field to list ALL POs that are part of this shipment.
 - 1. There is a 185-character limit in this field.
 - ii. If you need to add another set of POs, use the “+Add another item” button.

8. Item Information ⚠ Updated Hazmat Descriptions

ITEM 1 Check if Hazmat

Pieces	Pkg. Type	NMFC Item Number	Class	Weight
<input type="text" value="2"/>	<input type="text" value="PLT"/>	<input type="text"/>	<input type="text" value="70.0"/>	<input type="text" value="250"/>

Description

Body armor
PO #s: -----

Any commodity over 8 feet in length must be specified in the Item Description box, noting the exact dimensions to support operational planning.

[+ Add another item](#)

9. Hazmat Information. (optional section)

Use this section to document any Hazmat materials being shipped.

- a. If no Hazmat materials are being shipped, this section can be skipped.

9. Hazmat Information (optional section)

Hazmat Emerg. #	<input type="text"/>	Hazmat Contract # (optional)	<input type="text"/>
Offerer/Contract Holder (optional)	<input type="text"/>		

[Clear Section](#)

10. Declared Value and Special Instructions. (optional section)

DO NOT DECLARE VALUE.

- a. Use the special instructions to notate delivery instructions, if any.
 - i. Example: “Fragile”, “Do not stack”, “Do not tip”, etc.

10. Declared Value and Special Instructions (optional section)

Declared Value per

Additional charges may apply, call (800)535-1983

Special Instructions (optional)
Example: Fragile, do not stack, do not tip, etc.

11. Reference Numbers. (optional section)

This section should be skipped.

- a. PO Numbers should be documented in Section 8, subsection e. for referencing POs.

11. Reference Numbers (optional section)

Shipper/Pickup Number Quote Number

PO Number **See section 8**

[Clear Section](#)



12. Yes, please schedule a Pickup Request for this Bill of Lading. (optional)

Check this box if you would like to schedule R+L Carriers to pick up the freight from your warehouse.

- a. Complete with information relevant to your company.
 - i. It is imperative that a "Dpt. Close Time" is specified.

Yes, please schedule a Pickup Request for this Bill of Lading. (optional)

Pickup Information ?

Pickup Date	Ready Time	Dpt Close Time	Total Wt (lbs)	Total Pieces
12/07/2022	10:29 AM		250	2

Contact Information (Fill out only if different than Ship From Information.)

Contact Name (optional)	Company Name (optional)
<input type="text"/>	<input type="text"/>
Phone Number / Ext. (optional)	Contact Email Address (optional)
<input type="text"/>	<input type="text"/>

[Clear Section](#)

13. Once the information is filled out on the form, hit Submit to have the BOL automatically generated.

- a. Please ensure that at least two copies of the BOL are printed.
 - i. One remains with the shipment and one for your records.