

**FREIGHT BROKER'S AGREEMENT TO PAY CARRIER
WITHOUT
ORIGINAL BILL OF LADING**

Name of Broker: _____
Address _____
City, ST ZIP _____
Contact Person: _____
Contact Telephone No. _____
("BROKER")

Name of Carrier: _____
Address: _____
City ST ZIP _____
Contact Person _____
Contact Telephone No. _____
("CARRIER")

Carrier's Invoice Number **(Required)** _____
Broker's Reference ("LOAD") No. **(Required)** _____
Description of Cargo: _____
Origin _____
Destination _____
Shipper _____
Consignee _____
Delivery Date _____

CARRIER hereby represents that its driver was not provided with an original, signed bill of lading by the shipper or consignee, but warrants that the LOAD was delivered to and accepted by the consignee on the Delivery Date noted above, AND that the photocopy bill of lading CARRIER shall submit with its freight bill is, to the best of its knowledge, a true duplicate of the original.

BROKER agrees, notwithstanding anything in its written agreement(s) with CARRIER or its Load Confirmation Form to the contrary, to pay the CARRIER (or the CARRIER'S assignee, if any) the full amount called for in the Load Confirmation Form **WITHOUT** an original bill of lading and hereby waive as a defense for non-payment, the absence of an original bill of lading.

The undersigned hereby agree that a facsimile copy of the signatures of each other's duly authorized representative shall have the same force and effect as if original.

CARRIER
By: _____
Title _____

BROKER
By: _____
Title _____

ATTENTION BROKER:

**PLEASE FAX THIS FORM TO INTERSTATE CAPITAL CORPORATION,
ASSIGNEE FOR THE CARRIER, TO (575) 589-1999, ATTN: FUNDING DEPT.**