




SHIP FROM	Shipment subject to the Amazon.com Terms and Conditions in effect on the date of shipment and available at vendorcentral.amazon.com. Bill of Lading Number: 06757168000750257  (402)06757168000750257
[Name] E & E COMPANY LTD [Street Address] 311 International Trade Pkwy [City,ST ZIPCODE] Port Wentworth, GA 31407 [DC Contact] NA [Phone Number] 912-875-2828 SID#:FOB:	Carrier Name: Estes Trailer number: 525389 ARN: 18533478681 Seal number: Serial number(s):
SHIP TO	SCAC: EXLA Pro Number:
[Name] Amazon.com Services INC.-ORD2 [Street Address] 23714 W Amoco Rd [City,ST ZIPCODE] Channahon, IL 60410 CID No.:	 www.estes-express.com Shipper's Copy  040 - 1578155 Driver's signature ONLY acknowledges receipt of freight. Shipment is subject to applicable terms and conditions of the Uniform Straight Bill of Lading and the EXLA-105 series rules tariff.
FREIGHT CHARGE TERMS (FREIGHT CHARGES ARE PREPAID UNLESS MARKED OTHERWISE):	
Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	

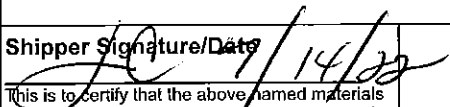
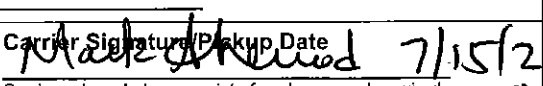
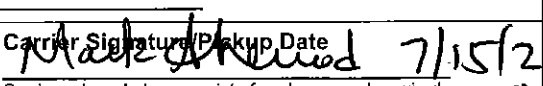
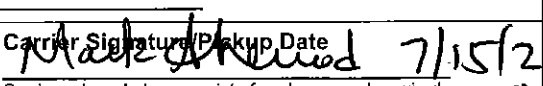
CUSTOMER ORDER INFORMATION							
Customer Order No.	ARN (WEPAY)	Unit Qty	# of Packages	Weight	Pallet/Slip (circle one)		Additional Shipper Information
3GTU6TID	18533478681	1	1	45.69	Y	N	
79727C8T	18533478681	9	9	43.38	Y	N	
7QM3R04L	18533478681	5	5	104.70	Y	N	
43EUT7WT	18533478681	3	3	39.01	Y	N	
6M1U2MWB	18533478681	4	4	39.44	Y	N	
7QM3R04L	18533478681	9	9	136.45	Y	N	
8S6CJVC	18533478681	1	1	8.37	Y	N	
Grand Total		32	32	417.04			


Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

COD Amount: \$ _____

Fee Terms: Collect Prepaid Customer check acceptable

Note: No Limitation of carrier liability applies to this shipment, unless set forth in the Transportation Agreement between the parties.

Received, subject to individually determined rates or contracts that have been agreed upon in writing between the carrier and shipper, if applicable, otherwise to the rates, classifications, and rules that have been established by the carrier and are available to the shipper, on request, and to all applicable state and federal regulations.	The carrier shall not make delivery of this shipment without payment of charges and all other lawful fees. If a motor carrier, freight forwarder, broker or other transportation service provider accepts this shipment from anyone other than the shipper listed hereon, it agrees to seek payment of its charges exclusively from the entity from which it accepted the shipment (e.g. the broker) and expressly waives any other collection rights or remedies otherwise available to it, including any right to seek payment of the transportation charges from the consignor or consignee. Shipper Signature _____			
Shipper Signature/Date  This is to certify that the above named materials are properly classified, packaged, marked, and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.	<table style="width:100%;"> <tr> <td style="width:15%;"> Trailer Loaded: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver </td> <td style="width:40%;"> Freight Counted: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces </td> <td style="width:45%;"> Carrier Signature/Pickup Date  7/15/22 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted. </td> </tr> </table>	Trailer Loaded: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver	Freight Counted: <input checked="" type="checkbox"/> By shipper <input type="checkbox"/> By driver/pallets said to contain <input type="checkbox"/> By driver/pieces	Carrier Signature/Pickup Date  7/15/22 Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. Properly described above is received in good order, except as noted.
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Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>			

CARRIER INFORMATION

# of Pallets		Carton Count						LTL Only	
Qty	Type	Qty	Type	WEIGHT	HM (X)	Commodity Description	NMFC No.	Class	
2	Pallet			100.00		Pallet			
		9	ctns	43.38		Chandeliers, Pendants	109087	200	
		17	ctns	223.27		Comforters, Bedspreads	49017	200	
		5	ctns	104.70		Framed Goods	76580 Sub 5	125	
		1	ctns	45.69		Furniture (Seating, Storage, Outdoor)	80580	150	
2		32		517.04		Grand Total			

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