

Date: 9/21/23

BILL OF LADING - ME

Page 1

SHIP FROM
 Name: **LIGHTNING BUG/JLA**
 Address: 311 INTERNATIONAL TRADE PKWY
 City/State/Zip: PORT WENTWORTH, GA 31407
 Contact: Danielle Johnson Phone: 555-555-1212

Shipment Number: **867384557**


SHIP TO
 Name: **BELK 744**
 Address: 1018 MENDELL DAVIS DR
 City/State/Zip: BYRAM, MS 39272
 Delivery Date: 09-30-2023
 Contact: MAIN SWITCHBOARD Phone: 601-346-7175

CARRIER NAME: **KNIGHT TRANSPORTATION INC**
 Trailer number: **89921**
 Seal number(s): **36975860**
 SCAC: **KNIG** Mileage: **632 Miles**
 Pro number:

BILL FREIGHT CHARGES TO:
 Belk
 C/O Uber Freight US LLC, PO Box 425
 Lowell, AR 72745 USA

Freight Charge Terms: (Freight charges are prepaid unless marked otherwise)
 Prepaid: Prepaid Add: Collect: 3rd Party:

(check box) Master Bill of Lading: with attached underlying Bills of Lading

DO NOT BREAK SHIPPER SEAL/NO TRANS-LOADING: CARGO CLAIM MAY RESULT. SPECIAL INSTRUCTIONS:

CARRIER INFORMATION								
HANDLING		QUANTITY		WEIGHT	H.M. (x)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC	CLASS
30	PLT	2177	CTN	36851 LBS		Retail Goods	49880-7	250
30		2177		36851 LBS		GRAND TOTAL		

CUSTOMER ORDER INFORMATION					
BOL NUMBER	PRIMARY REFERENCE	# Pkgs	Weight	Pallet/Slip	Additional Shipper Info
867384557	3801774-744	2177	36851 LBS		ALL ITEMS VARIOUS
GRAND TOTAL		2177	36851 LBS		

Where the rate is dependent on value, shippers are required to state 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 Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. § 14706(c)(1)(A) and (B).

RECEIVED, subject to terms, conditions, tariffs 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 freight and all other lawful charges.
 Shipper Signature _____

SHIPPER SIGNATURE / DATE
 This is to certify that the above marked materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.
 9/29/23

Trailer Loaded: By Shipper By Driver
 Freight Counted: By Shipper By Driver/Pallets said to contain By Driver/Pieces

CARRIER SIGNATURE/PICKUP DATE
 09-28-2023
 9-29-23
Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT required emergency response guidebooks or equivalent documentation in the vehicle.

Date: 9/29/2023 10:32:28 AM

Master Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO:		CUSTOMER ORDER INFORMATION		CARRIER INFORMATION	
Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ FOB: <input type="checkbox"/>		Name: Belk 0744 Address: 1018 Mendell Davis Drive 0744 City/State/Zip: Byram, MS 39272 SID#: _____ FOB: <input type="checkbox"/>		Name: Address: City/State/Zip:		5933109 3801774 Grand Total		HANDLING UNIT QTY TYPE QTY TYPE WEIGHT LBS H.M. (X)	
Master Bill of Lading Number: 06757168001032895		CARRIER NAME: Knight Transportation Trailer number: 89921 Seal number(s): 36975860 SCAC: KNIG Pro Number:		Freight Charge Terms: Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>		BOL# 06757168001028393 0744 06757168001027884 0744		COMMODITY DESCRIPTION Sheet Set & Pillowcase Grand Total	
SPECIAL INSTRUCTIONS: Load #: 867384557 1 envelope containing manifest		MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING <input checked="" type="checkbox"/> (check box)		Appointment Time AM PM Actual Driver Arrival Time AM PM Driver Departure Time AM PM		LTL ONLY NMFC # CLASS 49260 Sub 3 250			
CUSTOMER ORDER NUMBER		# PKGS CTN		WEIGHT LBS		PALLET/SLIP (CIRCLE ONE)		ADDITIONAL SHIPPER INFO BOL# DC# Supplier#	
5933109		466		5160.92		Y N		06757168001028393 0744	
3801774		1711		30191.45		Y N		06757168001027884 0744	
Grand Total		2177		35352.37					

Where the rate is dependent on value, shippers are required to state 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 _____.		COD Amount \$ _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).			
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 freight and all other lawful charges.	
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.		SHIPPER SIGNATURE	
Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver		Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	
		CARRIER SIGNATURE / PICKUP DATE 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.	

Wholesale Shipment Mgt

Shipment No.:	<input type="text"/>	BOL No.:	<input type="text"/>	Status:	
Customer:	<input type="text"/>	Business Type:	<input type="text"/>	Location:	
Carrier:	<input type="text"/>	Ship Method:	<input type="text"/>	Ship Date Start:	
Customer PO No.:	5933109	E&E SO No.:	<input type="text"/>	Ship Date End:	
Routing No.:	<input type="text"/>	Carton No.:	<input type="text"/>	Batch No.:	
Pro Number:	<input type="text"/>	Trailer Number:	<input type="text"/>	Seal Number:	
Load Number:	<input type="text"/>	Assigned:	<input type="text"/>	Assigned To:	
Ship To:	<input type="text"/>	ASN Sent:	<input type="text"/>	MBOL Created:	
Staged:	<input type="text"/>	Invoice No.:	<input type="text"/>	MBOL:	
BOL Printed:	<input type="text"/>	Freight Term :	<input type="text"/>	Stage Bin:	
Closed:	No <input type="text"/>	Dealer:	<input type="text"/>		

Items:2 Page number:1/1 Paginal:50 items

Shipment No.	BOL No.	MBOL	Status	Customer	Location	Ship To	Total Ctns	Ctns Palletized	Ctns With Tracking No.	Total Pkts	Ship Date	Cart. PO No.	Carrier	Ship Method	Freight Term	Pro Number	Trailer Number	Seal Number	Load Number	Routing No.
<input type="checkbox"/> 800102839	06757168001028393	06757168001032895	Completed	BLK	S/3	0744	466	466	0	5	09/29/2023	5933109	Knight Transportation	LTL	Collect		89921	36975860	867384557	R202309181125462

89921

KNIGHT
TRANSPORTATION

PLEASE USE CARE WHEN LOADING &
UNLOADING THIS EQUIPMENT. IF YOU DAMAGE
IT IN ANY WAY YOU WILL BE RESPONSIBLE FOR
THE COST OF THE REPAIR. *Thank You*



