

SHIP FROM		Master Bill of Lading Number: 06757163000826490
Name:	E & E COMPANY LTD	
Address:	221 Hanson Way	
City/State/Zip:	Woodland, CA 95776	
SID#:	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: BNSF Logistics
Name:	Nexcom DC # 984	DC#: 984
		Div.
Address:	NEX NE DC Suffolk 1000 Kenyon Court, 984	Trailer number: JBHU 290302
		Seal number(s): 8068719
City/State/Zip:	Suffolk, VA 23434	SCAC: BNLS
SID#:	FOB: <input type="checkbox"/>	Pro Number: NA

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:		
Name:	NEXCOM Transportation Office	Prepaid: <input type="checkbox"/>	Collect: <input type="checkbox"/>	3rd Party: <input checked="" type="checkbox"/>
Address:	3280 Va. Beach Blvd.	<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING (check box)		
City/State/Zip:	VIRGINIA BEACH, VA 23452	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS: Load #: NEX.1905844 U.S. GOVERNMENT. TENDER NUMBER _____ APPLIES.		8:00 AM PM	9:00 AM PM	10:30 AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
0036495217	112	1869.68	Y	N	06757163000826483	984
0036495216	199	3347.06	Y	N	06757163000826476	984
Grand Total	311	5216.74				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
14	Pallet			700.00		Pallet		70
		311	ctns	5216.74		Throws, Blankets	49040	150
14				5916.74		Grand Total		

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: <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 _____


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

Trailer Loaded:	Freight Counted:
<input checked="" type="checkbox"/> By Shipper	<input checked="" type="checkbox"/> By Shipper
<input type="checkbox"/> By Driver	<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.
203 9/29/23

SAMPLE FOB ORIGIN TL<L BILL OF LADING

NOT A NEXCOM BILL OF LADING FORM

SHIP FROM	Bill of Lading Number: 06757163000826483
Name: E & E COMPANY LTD	 (402)06757163000826483
Address: 221 Hanson Way	
City/State/Zip: Woodland, CA 95776	

SHIP TO	CARRIER NAME: BNSF Logistics
Name: Nexcom DC # 984 Location #: 984	Responsible Acct.No:
Address: NEX NE DC Suffolk	Trailer number: JBHU 290302
1000 Kenyon Court, 984	Seal number(s): 8068719
City/State/Zip: Suffolk, VA 23434	

THIRD PARTY FREIGHT CHARGES BILL TO:	SCAC: BNLS
Name: NEXCOM Transportation Office	Pro Number: NA
Address: 3280 Va. Beach Blvd.	
City/State/Zip: VIRGINIA BEACH, VA 23452	

SPECIAL INSTRUCTIONS: U.S. GOVERNMENT. TENDER NUMBER _____ APPLIES. NEX.1905844 Call in # 0222336495217W244984	Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading
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CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0036495217	112	1869.68	Y N	
Grand Total	112	1869.68		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE			Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. <small>See Section 2(e) of NMFC Item 360</small>	NMFC #	CLASS
5	Pallet			250.00		Pallet		
		112	ctns	1869.68		Throws,Blankets	49040	150
5		112		2119.68		Grand Total		

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 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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. <p style="text-align: right;">Shipper Signature</p>
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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.	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 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.
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SAMPLE FOB ORIGIN TL<L BILL OF LADING

NOT A NEXCOM BILL OF LADING FORM

SHIP FROM		Bill of Lading Number: 06757163000826476	
Name: E & E COMPANY LTD Address: 221 Hanson Way City/State/Zip: Woodland, CA 95776		 (402)06757163000826476	
SHIP TO		CARRIER NAME: BNSF Logistics	
Name: Nexcom DC # 984 Location #: 984 Address: NEX NE DC Suffolk 1000 Kenyon Court, 984 City/State/Zip: Suffolk, VA 23434		Responsible Acct.No: Trailer number: JBHU 290302 Seal number(s): 8068719	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: BNLS	
Name: NEXCOM Transportation Office Address: 3280 Va. Beach Blvd. City/State/Zip: VIRGINIA BEACH, VA 23452		Pro Number: NA	
SPECIAL INSTRUCTIONS: U.S. GOVERNMENT. TENDER NUMBER _____ APPLIES. NEX.1905844 Call in # 0222336495216W244984		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0036495216	199	3347.06	Y N	
Grand Total	199	3347.06		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
9	Pallet			450.00		Pallet		
		199	ctns	3347.06		Throws,Blankets	49040	150
9		199		3797.06		Grand Total		

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: <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

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.	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 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.
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