


Date: 5/17/2023 9:46:49 AM

# Bill Of Lading

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000947091										
Name:	E & E COMPANY LTD	 (402)06757168000947091										
Address:	311 International Trade Pkwy											
City/State/Zip:	Port Wentworth, GA 31407											
PHONE:	912-875-2828											
VENDOR:	879816	<b>CARRIER NAME:</b> UPS										
<b>SHIP TO</b>		Responsible Acct.No:										
Name:	Home Depot Salem DC - 5639	Trailer number: UPST8880844										
Address:	4999 Depot Cl. SE	Seal number(s): 36975135										
City/State/Zip:	Salem, OR 97317	<b>SCAC:</b> UPSN										
CID#:		<b>Pro Number:</b>										
Dept:	023	FOB: <input type="checkbox"/>										
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>  Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>										
Name:		Master Bill of Lading: with attached underlying Bills of Lading <input type="checkbox"/> (check box)										
Address:		<table border="1"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td>AM</td> <td>AM</td> <td>AM</td> </tr> <tr> <td>PM</td> <td>PM</td> <td>PM</td> </tr> </table>		Appointment Time	Actual Driver Arrival Time	Driver Departure Time	AM	AM	AM	PM	PM	PM
Appointment Time	Actual Driver Arrival Time	Driver Departure Time										
AM	AM	AM										
PM	PM	PM										
City/State/Zip:												
<b>SPECIAL INSTRUCTIONS:</b>												
Load #: 925270791												

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
47946232	3	96.78	Y N	
<b>Grand Total</b>	<b>3</b>	<b>96.78</b>		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in loading or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC form 355</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
3	ctns			96.78		Rugs	70970-5	125
3				96.78		<b>Grand Total</b>		

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 _____		<b>COD Amount:</b> _____ <b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>	
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</b>			
RECEIVED, subject to individually determined rules 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.	
<b>SHIPPER SIGNATURE / DATE</b> This is to certify that the above named contents are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<b>SHIPPER SIGNATURE</b>	
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	
SHIPPER SIGNATURE / DATE  5/17/23		<b>CARRIER SIGNATURE / PICKUP DATE</b> 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.	