


Date: 6/14/2023 8:59:27 AM

Bill Of Lading

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<p align="center">SHIP FROM</p> <p>Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-875-2828 VENDOR: 879816</p>		<p>Bill of Lading Number: 06757168000963213</p>  <p>(402)06757168000963213</p>										
<p align="center">SHIP TO</p> <p>Name: Home Depot Salem DC - 5639 Address: 4999 Depot Ct. SE City/State/Zip: Salem, OR 97317 CID#: _____ FOB: <input type="checkbox"/> Dept: 023</p>		<p>CARRIER NAME: UPS Responsible Acct.No: Trailer number: UPST8718368 Seal number(s): 5624514 SCAC: UPSN Pro Number:</p>										
<p align="center">THIRD PARTY FREIGHT CHARGES BILL TO:</p> <p>Name: Address: City/State/Zip:</p>		<p>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</p> <p>Prepaid: _____ Collect: _____ 3rd Party: X</p> <p><input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading</p>										
<p>SPECIAL INSTRUCTIONS: Load #: 935916654</p>		<table border="1"> <tr> <th>Appointment Time</th> <th>Actual Driver Arrival Time</th> <th>Driver Departure Time</th> </tr> <tr> <td align="center">AM</td> <td align="center">AM</td> <td align="center">AM</td> </tr> <tr> <td align="center">PM</td> <td align="center">PM</td> <td align="center">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										
CUSTOMER ORDER INFORMATION												
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO								
26920490	3	96.78	Y N									
Grand Total	3	96.78										
CARRIER INFORMATION												
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE							
QTY	TYPE			<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 300.</small>	NMFC # CLASS							
3	ctns	96.78		Rugs	70970-5 125							
3		96.78		Grand Total								

<p>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 _____"</p>	<p>COD Amount: _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>		
<p align="center">NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</p>			
<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p> <p align="right">Shipper Signature</p>		
<p>SHIPPER SIGNATURE / DATE <small>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.</small></p> <p><i>JC 6/14/23</i></p>	<table border="1"> <tr> <td> <p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> </td> <td> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p> </td> </tr> </table>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p>	<p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
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<p>CARRIER SIGNATURE / PICKUP DATE <small>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.</small></p>			