


Date: 7/12/2023 9:20:56 AM

Bill Of Lading

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SHIP FROM Name: E & E COMPANY LTD Address: 311 International Trade Pkwy City/State/Zip: Port Wentworth, GA 31407 PHONE: 912-875-2828 VENDOR: 879816		Bill of Lading Number: 06757168000978798  (402)06757168000978798									
SHIP TO Name: Home Depot Westfield DC - 5221 Address: 50 Campanelli Drive City/State/Zip: Westfield, MA 01085 CID#: _____ FOB: <input type="checkbox"/> Dept: 023		CARRIER NAME: UPS Responsible Acct.No: Trailer number: UPST8395546 Seal number(s): 36975104 SCAC: UPSN Pro Number:									
THIRD PARTY FREIGHT CHARGES BILL TO: Name: Address: City/State/Zip:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: _____ Collect: _____ 3rd Party: X <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading									
SPECIAL INSTRUCTIONS: Load #: 946705455		<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									

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
45920916	1	14.97	Y	N	
Grand Total	1	14.97			

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 3(a) of NMFC Item 388</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	ctns			14.97		Rugs	70970-5	125
1				14.97		Grand Total		

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 _____ PIV _____	COD Amount: _____ Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
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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 of 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.  7/12/23	SHIPPER SIGNATURE 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.	