

Date: 7/5/2023 9:00:23 AM

Bill Of Lading

Page 1 of 1

SHIP FROM		Bill of Lading Number: 06757168000975025			
Name: E & E COMPANY LTD		 (402)06757168000975025			
Address: 311 International Trade Pkwy					
City/State/Zip: Port Wentworth, GA 31407					
PHONE: 912-875-2828					
VENDOR: 879816		CARRIER NAME: UPS			
SHIP TO		Responsible Acct.No:			
Name: Home Depot Allanta RDC - #5250		Trailer number: UPST1842453			
Address: 3150 Hwy 42		Seal number(s): 36975311			
City/State/Zip: Locust Grove, GA 30248		SCAC: UPSN			
CID#: _____ FOB: <input type="checkbox"/>		Pro Number:			
Dept: 023					
THIRD PARTY FREIGHT CHARGES BILL TO:					
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)			
Address:		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: <input checked="" type="checkbox"/>			
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading			
SPECIAL INSTRUCTIONS:		Appointment Time			
Load #: 944092283		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	
31910369	3	96.78	Y N		
Grand Total	3	96.78			
CARRIER INFORMATION					
HANDLING UNIT	PACKAGE	WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE
QTY	TYPE	QTY	TYPE	<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 2(e) of NMFC Item 303</small>	NMFC # CLASS
3	ctns			Rugs	70970-5 125
3		96.78		Grand Total	

<small>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 _____</small>		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 <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>		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	
[Signature] 7/5/23		[Signature]	
		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>	