


Date: 5/24/2023 8:58:53 AM

**Bill Of Lading**

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000951128	
Name: E & E COMPANY LTD		 (402)06757168000951128	
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 Accl.No:	
Name: Home Depot Tracy DC - 5641		Trailer number: UPST8780507	
Address: 1400 E. Pescadero Ave.		Seal number(s): 36975122	
City/State/Zip: Tracy, CA 95304		<b>SCAC:</b> UPSN	
CID#: _____ FOB: <input type="checkbox"/>		Pro Number:	
Dept: 023			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>			
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid: Collect: 3rd Party: X	
City/State/Zip:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Load #: 928033975		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
26911276	2	64.52	Y N	
<b>Grand Total</b>	<b>2</b>	<b>64.52</b>		

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 300.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1	Pallet			50.00		Pallet		
		2	ctns	64.52		Rugs	70970-5	125
1		2		114.52		<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> _____ Fee Terms: 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 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 in 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 materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.		<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.	
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] 5/24/23		[Signature]	