

Date: 12/18/2023 8:41:50 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001078404	
Name: E & E COMPANY LTD			
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#: _____ FOB: <input type="checkbox"/>			
SHIP TO		CARRIER NAME: Central Transport	
Name: CENTRAL TRANSPORT DC#: _____		Trailer number: 2300175	
Address: 5414 hartford Div. _____		Seal number(s): _____	
City/State/Zip: Tampa, FL 33619		SCAC: CTN	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number: 15127256079	
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name: _____		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address: www.centraltransport.com Driver's Signature Only Acknowledges Receipt of Freight 151-2725607-9		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED	
City/State/Zip: _____ CENTRAL TRANSPORT SHIPPER LABEL Subject to NAC, INC. CT 1987 101 File No. 49 USC 1470 and 49 CFR 390		<input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 169040898		Appointment Time _____ Actual Driver Arrival Time _____ Driver Departure Time _____ AM PM AM PM AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1084143	60	2122.20	Y	N	06757168001078398	115	
Grand Total		60	2122.20				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <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>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
8	Pallet			320.00		Pallet		70
		60	ctns	2122.20		Furniture (Seating, Storage, Outdoor)	79300	150
8				2442.20		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 _____ per _____	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 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.
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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> OG 12/18/23	Trailer Loaded: <input 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 <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> 2300175 12/18
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