


Date: 5/7/2024 3:40:45 PM

# Bill Of Lading

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<b>SHIP FROM</b>		Bill of Lading Number: 06757166000899662
Name:	E & E COMPANY LTD	 (402)06757166000899662
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
PHONE:		
VENDOR:		<b>CARRIER NAME:</b> Central Transport

<b>SHIP TO</b>		Responsible Acct.No:
Name:	Bealls Outlet Stores #995	Trailer number: 1700326
Address:	TX Logistics Support Ctr #995 505 Beall Blvd	Seal number(s):
City/State/Zip:	Jacksonville, TX 75766	<b>SCAC:</b> CTII
CID#:		Pro Number: 15115666321
Dept:		

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>
Name:		<b>Prepaid:</b> <input type="checkbox"/> <b>Collect:</b> <input checked="" type="checkbox"/> <b>3rd Party:</b> <input type="checkbox"/>
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading
City/State/Zip:		Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM
<b>SPECIAL INSTRUCTIONS</b>	 www.centraltransport.com Driver's Signature Only Acknowledges Receipt of Freight 151-1566632-1 SHIPPER LABEL Load #: 174776628 Packing List is Attached	

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
1279606	84	361.20	Y	N	Dept. 73
<b>Grand Total</b>	<b>84</b>	<b>361.20</b>			

HANDLING UNIT		PACKAGE		WEIGHT	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(a) of NMFC Item 360.</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
2	Pallet			80.00		Pallet		
		84	ctns	361.20		Sleepwear,Underwear	49880	100
2		84		441.20		<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> _____ <b>Fee Terms:</b> 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.	<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>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and required signature. Carrier certifies emergency response information was made available and carrier has the DOT emergency response guidebook or equivalent information in the vehicle.
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*Maliyah Larson*

**SHIPPED**  
MAY 07 2024

*[Signature]*  
5/07/24