

SHIP FROM		Master Bill of Lading Number: 06757168001310214
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: USA Truck Inc
Name:	Consolidation Dock 7101	DC#: 7101	Trailer number: 16684
Address:	1200 Mason Dixon Ln 7101	Div.	Seal number(s): 36975841
City/State/Zip:	Conley, GA 30288		SCAC: USIT
SID#:	FOB: <input type="checkbox"/>		Pro Number: 0000

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid: <input type="checkbox"/>	Collect: <input checked="" type="checkbox"/>
Address:		3rd Party: <input type="checkbox"/>	
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 36391517		1300 AM	1256 AM
			Driver Departure Time
			1340 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
9782210515	103	1078.74	Y	N	06757168001308938	6043A	
4408526927	84	1016.28	Y	N	06757168001308945	6068R	
1431601913	81	1211.59	Y	N	06757168001308198	7035G	
1431601914	447	5237.98	Y	N	06757168001308181	7035G	
9031124217	569	2311.95	Y	N	06757168001308204	7035G	
2282320373	105	1128.38	Y	N	06757168001308860	6068A	
2282052084	2	3.96	Y	N	06757168001308907	7035A	
1382400754	9	69.30	Y	N	06757168001308884	6068A	
1431601985	56	602.35	Y	N	06757168001308914	7035A	
9031124330	416	1616.11	Y	N	06757168001308891	7035A	
1431601986	11	175.93	Y	N	06757168001308877	7035A	
3158527529	36	435.96	Y	N	06757168001308921	6043R	
			Y	N			
Grand Total	1919	14888.53					

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"/>

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
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. Total Pallet: 33 <i>KW 10/31/24</i>	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.		<i>[Signature]</i>

