

SHIP FROM		Master Bill of Lading Number: 06757168001398076	
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
		Div.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	217164
		Seal number(s):	36585487
City/State/Zip:	Conley, GA 30288	SCAC:	USIT
SID#:		Pro Number:	0000
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 37626080		Appointment Time	Actual Driver Arrival Time
		1400 AM	1500 AM
			1656 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3508527568	48	552.96	Y	N	06757168001397604	7035R	
9932570553	243	2669.91	Y	N	06757168001397581	6092A	
2282053775	3	17.84	Y	N	06757168001397567	7035A	
5735159820	1	7.93	Y	N	06757168001397550	6092A	
1431602707	109	1596.41	Y	N	06757168001396546	7035A	
1431602643	48	486.12	Y	N	06757168001396461	7035G	
1431602706	171	1898.70	Y	N	06757168001397598	7035A	
9031125491	579	2295.56	Y	N	06757168001396553	7035A	
<b>Grand Total:</b>	1202	9525.43					

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(j) of NMFC Item 308</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
619	ctns			7204.10		Comforters, Bedspreads	49017	200
4	ctns			25.77		Ice Cream Maker	55620	100
579	ctns			2295.56		Panels, Valances	49260-4	175

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"/>
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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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<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. <i>D. DeKey</i> 2/17/25 Title: <i>Owner</i>	<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 sold to contain <input type="checkbox"/> By Driver/Pieces	<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. <i>Chavez</i> 2/17/25
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