

Date: 5/19/2025 3:51:18 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001466010	
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		Trailer number: 116546	
7101		Seal number(s): 68293234	
City/State/Zip: Conley, GA 30288		SCAC: USIT	
SID#: _____		Pro Number: _____	
FOB: <input type="checkbox"/>			
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: _____			
City/State/Zip: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	
Load #: 39176933		Actual Driver Arrival Time	
		Driver Departure Time	
		1400 AM	
		2:11 PM	
		3:51 AM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1431603465	431	5349.88	Y	N	06757168001465983	7035A	
1431603466	66	925.14	Y	N	06757168001465839	7035A	
6982621231	309	3831.48	Y	N	06757168001465990	6070A	
9031126530	314	1207.98	Y	N	06757168001465822	7035A	
9737840589	205	2606.29	Y	N	06757168001466003	6039A	
Grand Total		1325	13920.77				

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(a) of NMFC Item 349</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1011	ctns			12712.79		Comforters, Bedspreads	49017	200
314	ctns			1207.98		Panels, Valances	49260-4	175
Grand Total				13920.77				

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: Prepaid:

Customer check acceptable:

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 / 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> Total Pallets: 5 5/19/25	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 sold 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 placard or equivalent documentation in the vehicle.</small> 3:51 PM
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