

MASTER BILL OF LADING

ESTIMATED PICK UP DATE: 10/28/2025									
SHIPPER					CARRIER				
Name: E AND E C/O SHIP8 Address: 221 HANSON WAY City/State/Zip: WOODLAND, CA 95776 Contact:					BILL OF LADING :5033072701 TRAILER # SEAL # ORDER # : 1947585_4SEMCELI6QS0, 1947585_4SEMCKB7ODM0 CR 197317293 CR 197329486 P8 20250929 P8 20251009 PO 1717097_20251009_1 PO 627263_20250929_1				
Name: BEALLS FL DC810 - STR50 - C/O HUBG Address: 2850 MARQUIS DR BLDG B City/State/Zip: GARLAND, TX 75042 Contact:					CARRIER NAME: SAIA MOTOR FREIGHT LINE INC SCAC: SAIA PRO NUMBER:				
THIRD PARTY FREIGHT CHARGES BILL TO					CUSTOMER				
Name: BEALL C/O HUB GROUP Address: 2001 HUB GROUP WAY City/State/Zip: OAK BROOK, IL 60523					Freight Charge Terms : (freight charges are prepaid unless marked otherwise) Prepaid _____ Collect _____ 3rd Party <u> X </u>				
SPECIAL INSTRUCTIONS AND SPECIAL SERVICES									
CUSTOMS INSTRUCTION: SPECIAL INSTRUCTION: wod.ship@jlahome.com,Order entered by: wod.ship@ship8.com,wod.ship@jlahome.com,Order entered by: wod.ship@ship8.com,wod.ship@jlahome.com,wod.ship@jlahome.com									
SPECIAL SERVICES: LEG1ORDER									
CUSTOMER									
PO	PALLET	QTY	WEIGHT (LB)	CUBE	NMFC	CLASS	FINAL_DEST	SORT	
627263_20250929_1	1	24	209	22	NMFC_CLASS	77.5	DC810		
1717097_20251009_1	1	16	153	16	NMFC_CLASS	77.5	DC817		
GRAND TOTAL		2	40	362.00	38.00				
PALLET TYPE									
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. The shipper hereby certifies that he/she is familiar with all the terms and conditions of the NMFC Uniform Straight Bill of Lading, including those on the back thereof, and the said terms and conditions are hereby agreed to by the shipper and accepted for him/herself and his/her assigns.						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, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the U.S. DOT.			Trailer Loaded: Freight Counted: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver <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 Property described above is received in good order, except as noted.			