

Date: 12/1/2025 10:35:01 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168001611861	
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: WESTERN EXPRESS	
Name:	Consolidation Dock 7101	DC#: 7101	
		Div.	
Address:	1200 Mason Dixon Ln	Trailer number: 210039	
	7101	Seal number(s): 69480479	
City/State/Zip:	Conley, GA 30288	SCAC: WSXI	
SID#:		Pro Number:	
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 <input type="checkbox"/> UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41967229		1100 AM	0914 PM
			Driver Departure Time
			1035 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO		
					DC#	Supplier#	
1431604813	456	5243.36	Y N	06757168001610406	7035A		
1431604814	64	935.70	Y N	06757168001610369	7035A		
2082003487	503	5971.43	Y N	06757168001610390	6024A		
3008528271	132	1607.76	Y N	06757168001610352	6024R		
3508528011	88	1071.84	Y N	06757168001610383	7035R		
9031128784	216	866.03	Y N	06757168001610420	7035A		
Grand Total	1459	15696.12					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or shipping must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(s) of NMFCA Rule 200.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1147	ctns			14653.09		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
216	ctns			866.03		Panels, Valances	49260-4	175
96	ctns			177.00		Sheet Set & Pillowcase	49260-3	250
1459				15696.12		Grand Total		

<p>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 _____.</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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).

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
<p>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.</p> <p>Total Pallet: 32 <i>[Signature]</i> 12/1/25</p>	<p>Trailer Loaded:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted:</p> <p><input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces</p>
<p>CARRIER SIGNATURE / PICKUP DATE Carrier acknowledges receipt of packages and received manifests. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</p> <p><i>[Signature]</i></p>	

