

Date: 12/11/2025 12:28:25 PM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168001621136	
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:	1206 Mason Dixon Ln 7101	Trailer number:	290274
		Seal number(s):	69480270
City/State/Zip:	Conley, GA 30288	SCAC:	WSXI
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 42141456		0900 AM	1045 AM	1228 PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3158528183	132	1607.76	Y N	06757168001621068	6043R	
1283730828	415	4802.08	Y N	06757168001621051	6011A	
4713326571	88	1071.84	Y N	06757168001621082	6011R	
9782213093	757	8516.78	Y N	06757168001621075	6043A	
Grand Total	1392	15998.46				

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special or additional care or attention in handling or stowage must be so marked and packaged as to ensure safe transportation with or without care. See Section 314 of NMFC Item 306.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
159	ctns			320.27		Sheet Set & Pillowcase	49260-3	250
1233	ctns			15678.19		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
1392				15998.46		Grand Total		

Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as to least: *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____	COD Amount 5 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.

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: 31 <i>[Signature]</i> 12/11/25	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 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 carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>
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