

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: WSWI
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 (check box) UNDERLYING BILLS OF LANDING

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 41987229		1100 AM	0914 AM	1035 AM
		PM	PM	PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		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	
<b>Grand Total</b>	<b>1459</b>	<b>15696.12</b>					

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 ordinary care. See Section 2(c) of NMFC Item 100.</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		<b>Grand Total</b>		

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> _____ <b>Fee Terms:</b> 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
<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. Total Pallet: 32 <i>kw 12/1/25</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 said to contain <input type="checkbox"/> By Driver/Pieces
		<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of packages and received placards. Carrier certifies emergency response information was made available under carrier for the DOT emergency response handbook or equivalent documentation in the vehicle. <i>[Signature]</i>

