

Date: 11/20/2025 11:43:54 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001605303
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:	1260 Mason Dixon Ln 7101	Trailer number: 116242
City/State/Zip:	Conley, GA 30288	Seal number(s): 69480487
SID#:		SCAC: USIT
		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 (check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41967186		1100 AM	1030 AM
			Driver Departure Time
			1143 AM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
4213328071	36	438.48	Y	N	06757168001605174	6092R
8083271566	415	5298.21	Y	N	06757168001605136	6010A
2808526957	40	487.20	Y	N	06757168001605150	7045R
9932572341	459	5265.36	Y	N	06757168001605181	6092A
4108527340	21	255.78	Y	N	06757168001605204	6066R
1982852104	235	2642.76	Y	N	06757168001605198	6066A
3058527286	66	803.88	Y	N	06757168001605167	6010R
4883680740	212	2748.77	Y	N	06757168001605143	7045A
Grand Total	1484	17940.44				

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 209 of NMPO Item 560.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1236	ctns			17469.15		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
248	ctns			471.29		Sheet Set & Pillowcase	49260-3	250
1484				17940.44		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 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"/>
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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 verify that the above named commodity was properly classified, packaged, marked, labeled, and is in proper condition for transportation according to the applicable regulations of the DOT. Total Pallet: 35 <i>[Signature]</i> 11/20/25	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 regulated placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle. <i>[Signature]</i> 11/20/25
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