

Date: 11/20/2025 8:54:10 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168001605273	
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 7101	Trailer number:	171193
City/State/Zip:	Conley, GA 30288	Seal number(s):	69480482
SID#:		SCAC:	WSXJ
		Pro Number:	

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
SPECIAL INSTRUCTIONS:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 41857988		Appointment Time	Actual Driver Arrival Time
		1000 AM	0730 AM
			Driver Departure Time
			0854 AM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1032931851	353	3676.87	Y N	06757168001604979	6038A	
2732073639	432	4369.06	Y N	06757168001604986	6017A	
2883820569	337	3765.89	Y N	06757168001604955	6048A	
2983461132	203	2155.67	Y N	06757168001604948	6018A	
3458527857	88	1071.84	Y N	06757168001604993	6017R	
3658526606	88	1071.84	Y N	06757168001604962	6048R	
Grand Total	1501	16111.17				

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 safety in transportation with ordinary care. See Section 214 of 49CFR Item 360.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1256	ctns			15639.84		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
245	ctns			471.33		Sheet Set & Pillowcase	49260-3	250
1501				16111.17		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 certify that the above signed materials are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. Total Pallets: 34 <i>JW 11/20/25</i>	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 sold 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 guidebook or equivalent documentation in the vehicle. <i>[Signature]</i>
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