

Date: 10/29/2025 8:45:55 AM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001585667
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#: 7161
		Div.
Address:	1200 Mason Dixon Ln	
	7101	
City/State/Zip:	Conley, GA 30288	
SID#:		FOB: <input type="checkbox"/>
		Trailer number: 116778
		Seal number(s): 69480342
		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 UNDERLYING BILLS OF LANDING (check box)	
SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time
Load #: 41546280		0900 AM	0730 AM
			0845 AM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
6132542367	396	4407.16	Y	N	06757168001585643	6006A	
4713326523	44	535.92	Y	N	06757168001585629	6011R	
1283730647	408	4993.80	Y	N	06757168001585650	6011A	
2732073508	806	7746.43	Y	N	06757168001585612	6017A	
3458527823	88	1071.84	Y	N	06757168001585636	6017R	
Grand Total	1742	18755.15					

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 packages if so to ensure safe handling with accessories. See Section 3(a) of NMFC Item 302.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1230	ctns			16737.88		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
512	ctns			2017.27		Sheet Set & Pillowcase	49260-3	250
1742				18755.15		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 _____ PS _____	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.
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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 Pallets: <i>KW 10/29/2025</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> 10/29/2025
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