

Date: 10/23/2025 4:08:01 PM

# Master Bill Of Lading

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**SHIP FROM**  
**Name:** E & E COMPANY LTD  
**Address:** 311 International Trade Pkwy  
**City/State/Zip:** Port Wentworth, GA 31407  
**SID#:**  **FOB:**

**Master Bill of Lading Number:** 06757168001581836

**SHIP TO**  
**Name:** Consolidation Dock 7101 **DC#:** 7101  
**Address:** 1200 Mason Dixon Ln  
 7101  
**City/State/Zip:** Conley, GA 30288  
**SID#:**  **FOB:**

**CARRIER NAME:** WESTERN EXPRESS  
**Trailer number:** 380318  
**Seal number(s):** 69480294  
**SCAC:** WSKI  
**Pro Number:** 0000

**THIRD PARTY FREIGHT CHARGES BILL TO:**  
**Name:**  
**Address:**  
**City/State/Zip:**

**Freight Charge Terms:**  
**Prepaid:**  **Collect:**  **3rd Party:**

**SPECIAL INSTRUCTIONS:**  
 Load #: 41443230

**MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING**  

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
3533091600	821	9115.43	Y	N	06757168001581768	7038A	
1283730816	651	8216.35	Y	N	06757168001581751	6011A	
4358528175	44	535.92	Y	N	06757168001581775	7038R	
4713326516	88	1071.84	Y	N	06757168001581782	6011R	
<b>Grand Total</b>	<b>1604</b>	<b>18939.54</b>					

HANDLING UNIT							PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION <small>Commodities requiring special care and attention in handling or stowage must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(a) of NMFC Item 300.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE	NMFC #	CLASS								
1240	ctns			17645.47		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250					
364	ctns			1294.07		Sheet Set & Pillowcase	49260-3	250					
1604				18939.54		<b>Grand Total</b>							

When 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:**  **Prepaid:**   
**Customer check acceptable:**

**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, class locations 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

**SHIPPER SIGNATURE / DATE**  
 This is to certify that the above named commodities are properly classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT.  
*[Signature]* 10/23/25

**Trailer Loaded:**  
 By Shipper  
 By Driver  
**Freight Counted:**  
 By Shipper  
 By Driver/pallets said to contain  
 By Driver/Pieces

**CARRIER SIGNATURE / PICKUP DATE**  
 Carrier acknowledges receipt of packages and required documents. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent information in the vehicle.  
*[Signature]*

