

Date: 12/1/2025 11:49:47 AM

Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 06757168001611045	
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		Trailer number: 201277	
Address: 1200 Mason Dixon Ln 7101		Seal number(s): 69490594	
City/State/Zip: Conley, GA 30288		SCAC: WXXI	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number:	
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: _____		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED (check box) UNDERLYING BILLS OF LANDING	
City/State/Zip: _____		Appointment Time: 1000 AM	
SPECIAL INSTRUCTIONS: Load #: 41967162		Actual Driver Arrival Time: 1036 PM	
		Driver Departure Time: 1149 PM	

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
1962852143	333	3578.82	Y N	06757168001610338	6066A	
3158528153	132	1607.76	Y N	06757168001610277	6043R	
4108527352	88	1071.84	Y N	06757168001610246	6066R	
4658527157	44	535.92	Y N	06757168001610321	6094R	
5033091679	266	3107.21	Y N	06757168001610215	6094A	
9782213042	524	6023.95	Y N	06757168001610345	6043A	
Grand Total	1387	15925.50				

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 3(a) of NMFC Item 302</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1233	ctns			15624.58		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
154	ctns			300.92		Sheet Set & Pillowcase	49260-3	250
1387				15925.50		Grand Total		

<p>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 _____.</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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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.

<p>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.</p> <p>Total Pallet: 34 <i>KW 12/1/25</i></p>	<p>Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver</p> <p>Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces</p>	<p>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.</p> <p><i>Ch P</i></p>
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