

Date: 12/12/2025 12:51:26 PM

# Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757168001622232
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: 171345
		Seal number(s): 69480269
City/State/Zip:	Conley, GA 30288	SCAC: WSKI
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 UNDERLYING BILLS OF LANDING (check box)		
City/State/Zip:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
SPECIAL INSTRUCTIONS:	Lead #: 42154480	1100 AM	1144 AM	1251 AM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
1032931930	277	3309.92	Y	N	06757168001622164	6038A
2082003534	848	9388.72	Y	N	06757168001622140	6024A
3008528298	178	2143.88	Y	N	06757168001622157	6024R
3758527538	132	1807.76	Y	N	06757168001622133	6038R
<b>Grand Total</b>	1433	16450.08				

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 insure safe transportation with ordinary care. See Section 206 of NMFC Item 305.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1274	ctns			16142.40		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
159	ctns			307.88		Sheet Set & Pillowcase	49260-3	250
1433				16450.08		<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, classifications and rules that have been established by the carrier and are available to the shipper, or 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 <small>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.</small>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required manifests. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small>
	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces	

Total Pallet: 31 *Kw 12/12/25*

