

Date: 3/20/2026 1:53:12 PM

# Master Bill Of Lading

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001679069	
Name:	E & E COMPANY LTD		
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB:	<input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> WESTERN EXPRESS	
Name:	Consolidation Dock 7101	DC#:	7101
		Div.:	
Address:	1200 Mason Dixon Ln 7101	Trailer number:	340608
City/State/Zip:	Conley, GA 30288	Seal number(s):	73105165
SID#:		SCAC:	WSXI
		Pro Number:	
		FOB:	<input type="checkbox"/>

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
<b>SPECIAL INSTRUCTIONS:</b>		<input checked="" type="checkbox"/> MASTER BILL OF LADING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
Load #: 43562675		Appointment Time	Actual Driver Arrival Time
		AM 1300 PM	AM 1353 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#	
9136903672	684	3411.34	Y	N	06757168001678772	7034A	
3358529085	88	1071.84	Y	N	06757168001678765	6080R	
1032932327	470	3152.32	Y	N	06757168001678758	6038A	
2732074224	319	2664.73	Y	N	06757168001679045	6017A	
3782103952	851	5866.63	Y	N	06757168001679052	6080A	
<b>Grand Total</b>		2412	16166.86				

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 2(e) of NMFC Item 503.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
1120	ctns			14253.74		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
1292	ctns			1913.12		Sheet Set & Pillowcase	49260-3	250
<b>Grand Total</b>				16166.86				

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

**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 terms 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.

<b>SHIPPER SIGNATURE / DATE</b> 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 Pallet: 32 <i>[Signature]</i> 3/20/2026	<b>Trailer Loaded:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets sold to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> Carrier acknowledges receipt of package and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidelines or equivalent documentation in the vehicle. <i>[Signature]</i>
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SHIPPED DATE: 3/20/2026

MUST DELIVERED BY DATE: 3/27/2026