

SHIP FROM		Master Bill of Lading Number: 06757168001675016	
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:	120059
		Seal number(s):	73105193
City/State/Zip:	Conley, GA 30288	SCAC:	WSXI
SID#:		Pro Number:	
		FOB:	<input type="checkbox"/>

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms:	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
		3rd Party:	<input type="checkbox"/>
City/State/Zip:		<input checked="" type="checkbox"/> MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 43484792		Appointment Time	Actual Driver Arrival Time
		1000 AM	1:18 PM
			Driver Departure Time
			1505 PM

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO	
						DC#	Supplier#
8882353483	1193	7896.28	Y	N	06757168001674859	6054A	
3808528556	44	535.92	Y	N	06757168001674866	6054R	
3508528171	44	535.92	Y	N	06757168001674873	7035R	
9031129948	472	1894.30	Y	N	06757168001674835	7035A	
1431605333	699	4065.44	Y	N	06757168001674828	7035A	
1431605334	61	898.06	Y	N	06757168001674842	7035A	
Grand Total	2513	15825.92					

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 remain safe transportation with ordinary care. See Section 2(a) of NACV Form 388</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
963	ctns			12289.13		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
472	ctns			1894.30		Panels, Valances	49260-4	175
1078	ctns			1642.49		Sheet Set & Pillowcase	49260-3	250
2513				15825.92		Grand Total		

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: <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 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.

Shipper Signature

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> Total Pallets: 3 <i>KW 3/12/16</i>	Trailer Loaded:	Freight Counted:	CARRIER SIGNATURE / PICKUP DATE <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response handbook or equivalent documentation in the vehicle.</small> <i>Dyan Stewart</i>
	<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	

SHIPPED DATE: 3/12/2026

MUST DELIVERED BY DATE: 3/17/2026