Date: 3/10/2026 11:03:08 AM

Master Bill Of Lading

SHIP FROM

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

SHIP TO

Name: Consolidation Dock 7101
DC#: 7101
Div.
Address: 1200 Mason Dixon Ln 7101
City/State/Zip: Conley, GA 30288
SID#:
FOB: ☐

THIRD PARTY FREIGHT CHARGES BILL TO:

Name:
Address:
City/State/Zip:

SPECIAL INSTRUCTIONS:

Load #: 43453858

Master Bill of Lading Number: 06757168001674743

CARRIER NAME: WESTERN EXPRESS

Trailer number: 140688
Seal number(s): 73105191

SCAC: WSXI
Pro Number:

Freight Charge Terms:

Prepaid: ☐ Collect: ☒ 3rd Party: ☐

☒ (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
1300 AM PM	1014 AM PM	1103 AM PM

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#	Supplier#
2082003905	687	4536.79	Y	N	06757168001674736	6024A	
2833391671	419	3361.82	Y	N	06757168001674682	6023A	
3008528452	44	535.92	Y	N	06757168001674729	6024R	
4058527245	44	535.92	Y	N	06757168001674712	6023R	
4333201948	567	4002.92	Y	N	06757168001674705	6020A	
6132542967	518	3497.43	Y	N	06757168001674699	6006A	
Grand Total	2279	16470.80					

CARRIER INFORMATION

HANDLING UNIT QTY	HANDLING UNIT TYPE	PACKAGE QTY	PACKAGE TYPE	WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION (Commodities requiring special or additional care or attention in handling or stowing must be so marked and packaged as to ensure safe transportation with ordinary care. See Section 2(e) of NMFC Item 360)	LTL ONLY NMFC #	LTL ONLY CLASS
1137	ctns			14792.37		Comforters, Bedspreads Sub 3 - 2 but less than 4	49260-3	250
1142	ctns			1678.43		Sheet Set & Pillowcase	49260-3	250
2279				16470.80		**Grand Total**		

Where the rate is dependent on value, shippers are required to stated 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, 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 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:30 KW 3/10/26

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 placards. Carrier certifies emergency response information was made available and/or carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.

3.10.

SHIPPED DATE: 3/10/2026

MUST DELIVERED BY DATE: 3/14/2026