

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

# Master Bill Of Lading

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757168001674743	
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>		CARRIER NAME: WESTERN EXPRESS	
Name: Consolidation Dock 7101 DC#: 7101		Trailer number: 140688	
Address: 1200 Mason Dixon Ln 7101 Div.		Seal number(s): 73105191	
City/State/Zip: Conley, GA 30288		SCAC: WSXI	
SID#: _____ FOB: <input type="checkbox"/>		Pro Number:	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		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	
City/State/Zip: _____		(check box) UNDERLYING BILLS OF LANDING	
SPECIAL INSTRUCTIONS: Load #: 43453858		Appointment Time 1300 AM PM	Actual Driver Arrival Time 1014 AM PM
		Driver Departure Time 1103 AM PM	

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		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	
<b>Grand Total</b>		2279	16470.80				

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(c) of NMFC Item 309.</small>	LTL ONLY	
QTY	TYPE	QTY	TYPE				NMFC #	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
				16470.80		<b>Grand Total</b>		

Where the rate is dependent on value, shipments 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.

<b>SHIPPER SIGNATURE / DATE</b> <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 Pallet: 30 <i>KW 3/10/26</i>	<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> <small>Carrier acknowledges receipt of packages and required placards. Carrier certifies emergency response information was made available prior to carrier has the DOT emergency response guidebook or equivalent documentation in the vehicle.</small> <i>[Signature]</i> 3.10.26
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SHIPPED DATE: 3/10/2026  
 MUST DELIVERED BY DATE: 3/13/2026