


Date: 3/27/2019 11:26:27 AM

Bill Of Lading

| | | | |
|--|--|--|----------------------------|
| SHIP FROM | | Bill of Lading Number: 06757166000377290 | |
| Name: E & E COMPANY LTD | |  (402)06757166000377290 | |
| Address: 550 Northport Pkwy | | | |
| City/State/Zip: Port Wentworth, GA 31407 | | CARRIER NAME: G n P TRUCKING | |
| SID#: | | Responsible Acct.No: | |
| PHONE: | | Trailer number: 80317 | |
| VENDOR: 9200233 | | Seal number(s): 2191803 | |
| FOB: <input type="checkbox"/> | | SCAC: GPTC | |
| SHIP TO | | Pro Number: | |
| Name: Belk 0737 | | Location #: 0737 | |
| Address: 120 Belk Court | | | |
| City/State/Zip: Blythewood, SC 29016 | | | |
| CID#: | | | |
| Dept: 0747 | | FOB: <input type="checkbox"/> | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid: | |
| Address: | | Collect: X | |
| City/State/Zip: | | 3rd Party: | |
| SPECIAL INSTRUCTIONS: Ship ID #2071889 4376211 | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | |
| | | Appointment Time | Actual Driver Arrival Time |
| | | AM | AM |
| | | 12:30 PM | 2:02 PM |
| | | | Driver Departure Time |
| | | | AM |
| | | | 2:26 PM |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|--------|----------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 5618027 | 22 | 312.35 | Y N | |
| 5618408 | 65 | 780.11 | Y N | |
| 5619180 | 89 | 714.78 | Y N | |
| 5619342 | 840 | 10653.20 | Y N | |
| 5619755 | 221 | 2273.07 | Y N | |
| 5619796 | 89 | 727.03 | Y N | |
| Grand Total | | 1326 | 15460.54 | |

| CARRIER INFORMATION | | | | | | | | |
|---------------------|------|---------|------|----------|----------|---|---------|-------|
| HANDLING UNIT | | PACKAGE | | WEIGHT | H.M. (X) | COMMODITY DESCRIPTION <small>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.</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 87 | ctns | | | 1092.46 | | Comforters, Bedspreads | 49017 | 200 |
| 1061 | ctns | | | 12926.27 | | Pillows, Valance, Towels | 49390 | 100 |
| 178 | ctns | | | 1441.81 | | Throws, Blankets | 49040 | 150 |

Where 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, 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 / 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. <i>[Signature]</i> 3/27/19 | Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver | Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> 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. <i>[Signature]</i> 3/27/19 |
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| SID#: | | | | | | | |
| PHONE: | | CARRIER NAME: G n P TRUCKING | | | | | |
| VENDOR: 9200233 | | Responsible Acct.No: | | | | | |
| SHIP TO | | Trailer number: 80317 | | | | | |
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| Address: | | <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading | | | | | |
| City/State/Zip: | | Appointment Time | | | | | |
| SPECIAL INSTRUCTIONS: Ship ID #2071889 4376211 | | Actual Driver Arrival Time | | | | | |
| | | Driver Departure Time | | | | | |
| | | <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">AM</td> <td style="width:33%; text-align: center;">AM</td> <td style="width:33%; text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table> | | AM | AM | AM | PM |
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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 carner 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.

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| <p>SHIPPER SIGNATURE / DATE</p> <p>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.</p> | <p>Trailer Loaded:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p> | <p>Freight Counted:</p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/pallets said to contain</p> <p><input type="checkbox"/> By Driver/Pieces</p> | <p style="text-align: right;">Shipper Signature</p> |
| <p>CARRIER SIGNATURE / PICKUP DATE</p> <p>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.</p> | | | |