

Date: 5/2/2019 3:16:30 PM

Master Bill Of Lading

SHIP FROM		Master Bill of Lading Number: 06757166000392187	
Name:	E & E COMPANY LTD		
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:		FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: EPES	
Name:	Belk 0744	DC#:	0744
		Div.:	
Address:	1018 Mendell Davis Drive 0744	Trailer number:	839130
		Seal number(s):	2200196
City/State/Zip:	Byram, MS 39272	SCAC:	EPSP
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 (check box) UNDERLYING BILLS OF LANDING	

SPECIAL INSTRUCTIONS:		Appointment Time	Actual Driver Arrival Time	Driver Departure Time
Load #: 2080976 4381791		1:00 ^{AM} _{PM}	2:35 ^{AM} _{PM}	3:16 ^{AM} _{PM}

CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLE ONE)		BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
3572296	288	2400.66	Y	N	06757166000392163	0744	
3572297	205	1715.88	Y	N	06757166000392163	0744	
5586335	431	1706.76	Y	N	06757166000392170	0744	
3587691	1168	12595.98	Y	N	06757166000392163	0744	
Grand Total	2092	18419.28					

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT LBS	H.M. (X)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE			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 380	NMFC #	CLASS
2092	ctns			18419.28		Pillows,Valance,Towels	49390	100
2092				18419.28		Grand Total		

RECEIVED BY BELK DIST. JACKSON, MS
 TOTAL PIECES BY (NOT VALID UNLESS SIGNED)
Received 2091
 MAY 08-2019
[Signature]

L Perkin
#744
5/3/19

Where the rate is dependent on value, shippers are required to state the correct 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"/>
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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> 5-2-19.	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. Shipper Signature
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