



Date of Issue: 05/13/19 2:26 PM

# Master Bill of Lading

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**Shipper:** E O B COMPANY LTD  
**Address:** 625 Westport Place  
**City/State/Zip:** Port Washington, OH 44137

**Consignee:** Kings-Edwards Construction Center  
**Address:** 625 Westport Place  
**City/State/Zip:** Westport, OH 44137

**Carrier:** [Blank]  
**Trailer Number:** 150990  
**Seal Number:** 21000

**SPECIAL INSTRUCTIONS:**  
 Load # of 100-403

**Freight Charge Types:**  
 Prepaid  Collect  3rd Party   
 **UNUSUAL PLACEMENT OR WEIGHTS**  
 **UNUSUAL DIMENSIONS OF LOADS**

**Appointed Times:** 1000 AM, 1312 PM, 1430 PM

CUSTOMER ORDER NUMBER	QTY	WEIGHT LBS	PALETTIZED (CONSIGNEE)	UNIT	UNIT NO	UNIT DIMENSIONS	REMARKS
0001820	8	88.44	Y	N	08757188000384879	SW	
0001820	8	87.48	Y	N	08757188000384831	HU	
0001820	18	138.44	Y	N	08757188000384848	JP	
0001787	2	18.84	Y	N	08757188000384708	OK	
0001820	14	173.88	Y	N	08757188000384882	ST	
0001820	21	481.26	Y	N	08757188000384534	CL	
0001820	22	287.08	Y	N	08757188000384570	BA	
0001820	8	68.22	Y	N	08757188000384800	DV	
0001820	38	408.80	Y	N	08757188000384888	TU	
0001820	74	931.88	Y	N	08757188000384587	CF	
0001787	8	108.82	Y	N	08757188000384883	CD	
0001787	4	44.08	Y	N	08757188000384716	PD	
0001820	74	822.18	Y	N	08757188000384817	GN	

**When the carrier is required to deliver, it is required to deliver to the consignee or to the consignee's agent at the place of destination.**  
**NOTE: Liability Limitation for loss or damage to this shipment may be applicable. See 49 U.S.C. 10031(c)(1)(A) and (B).**

**RECEIVED:** [Blank] **SHIPPER SIGNATURE / DATE:** [Blank] **SHIPPER SIGNATURE / PICKUP DATE:** [Blank]

**SHIPPER SIGNATURE / DATE:**  
 [Signature] 5.13.19

**Trailer Loaded:**  By Shipper  By Carrier  
**Freight Contract:**  By Shipper  By Consignee and to carrier  By Carrier

**CARRIER SIGNATURE / PICKUP DATE:**  
 [Signature] 05-13-19

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# Master Bill Of Lading

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SHIP FROM		Master Bill of Lading Number: 0675716600039462	
Name:	E & E COMPANY LTD		
Address:	888 Northpark Plaza		
City/State/Zip:	Port Wentworth, GA 31407		
BID#:			
		FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: New Penn Inc	
Name:	Mary's (Bloom) Consolidation Center	Trailer number:	
	DCR	Seat number(s): 2100700	
	Dlx		
Address:	C/O Dynamic High Point	SCAC: PBLJ	
	1124 Elm Plaza	Pro Number:	
City/State/Zip:	High Point, NC 27280		
BID#:			
		FOB: <input type="checkbox"/>	

SHIP FROM		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 LADING: WITH ATTACHED	
City/State/Zip:		(check box) UNDERLYING BILLS OF LADING	
SPECIAL INSTRUCTIONS:		Appointment Time	
Lead #: 41560462		Actual Departure Time	
		Driver Departure Time	
		AM PM	

CUSTOMER ORDER NUMBER	# PKGS CTM	WEIGHT LBS	PALLETS/PL (CIRCLE ONE)	BOL#	ADDITIONAL SHIPPER INFO DC#	Supplier#
6601820	18	236.64	Y N	06757166000394563	AZ	
6601820	28	320.00	Y N	06757166000394624	HA	
6601820	39	482.50	Y N	06757166000394655	SC	
<b>Grand Total</b>	<b>381</b>	<b>488.12</b>				

HANDLING UNIT		PACKAGE		WEIGHT LBS	N.M. (Q)	COMMODITY DESCRIPTION	LTL ONLY	
QTY	TYPE	QTY	TYPE				NSMPC #	CLASS
18	Pallet			800.00		Pallet		70
		381	ctns	488.12		Runners, Placemats, Napkins	48805	77.5
18				548.12		<b>Grand Total</b>		

<p>When the rate is dependent on value, shippers are required to attach a copy of the bill of lading to the bill of lading or to the bill of lading copy.</p> <p>The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____.</p>	<p>COD Amount \$ _____</p> <p>Fee Terms: Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p>Customer check acceptable: <input type="checkbox"/></p>
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**NOTE** Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14700(c)(1)(A) and (B).

RECEIVED, subject to applicable international rules or contracts that have been agreed upon in writing between the carrier and shipper, of packages, contents, weight, measurements and value that have been determined by the carrier and are subject to the charges, or receipt, and to all applicable laws and relevant regulations.

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

<p><b>SHIPPER SIGNATURE / DATE</b></p> <p>This is to certify that the above-stated contents are properly described, packaged, sealed and labeled, and are in good condition for transportation according to the applicable regulations of the DOT.</p>	<p><b>Trailer Loaded:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver</p>	<p><b>Freight Consented:</b></p> <p><input type="checkbox"/> By Shipper</p> <p><input type="checkbox"/> By Driver/Partner and to include</p> <p><input type="checkbox"/> By Driver/Partner</p>	<p><b>CARRIER SIGNATURE / PICKUP DATE</b></p> <p>Carrier acknowledges receipt of packages and reported contents. Carrier certifies emergency response information was made available under applicable DOT emergency response guidelines or equivalent documentation to the vehicle.</p>
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