


CR 1907789

Date: 6/6/2019 1:36:53 PM

**Bill Of Lading**

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<b>SHIP FROM</b>		Bill of Lading Number: 06757166000411857
Name:	E & E COMPANY LTD	 (402)06757166000411857
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:		
PHONE:		
VENDOR:	9200233	FOB: <input type="checkbox"/>

<b>SHIP TO</b>		<b>CARRIER NAME:</b> Southeastern Freight
Name:	Belk 0744	Location #: 0744
Address:	1018 Mendell Davis Drive	
City/State/Zip:	Byram, MS 39272	
CID#:		
Dept:	0743	FOB: <input type="checkbox"/>
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Trailer number: 285295
Name:		Seal number(s): 2774426
Address:		SCAC: SEFL Pro Number:
City/State/Zip:		THANK YOU FOR SHIPPING SOUTHEASTERN FREIGHT LINES CARRIER'S LIABILITY SHALL BE LIMITED TO A MAXIMUM OF \$20.00 PER LB. THIS SHIPMENT IS SUBJECT EXCLUSIVELY TO THE UNIFORM B/L. THE RELEASED VALUES AND OTHER PROVISIONS OF NMF 100 & SEFL 1090 SERIES TARIFFS. ORIGIN <b>54847623-3</b>

<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>		
Prepaid: <input type="checkbox"/>	Collect: X	
3rd Party: <input type="checkbox"/>		
Master Bill of Lading: with attached underlying Bills of Lading		
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
AM	AM	AM
PM	PM	PM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5643852	12	92.15	Y	N	
5644172	12	96.40	Y	N	
5644173	4	31.29	Y	N	
5644169	133	1390.61	Y	N	
<b>Grand Total</b>	<b>161</b>	<b>1610.45</b>			

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
148	ctns	2	PLT	1508.16		Pillows,Valance,Towels	49390	100
1	ctns			10.14		Rugs	70970-5	125
12	ctns			92.15		Throws,Blankets	49040	150
161		2		1610.45		<b>Grand Total</b>		

\* Palletized for the carriers convenience.  
 \* Pallets weight = 100 Lbs.

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 _____	<b>COD Amount:</b> _____ <b>Fee Terms:</b> 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.

<b>SHIPPER SIGNATURE / DATE</b> 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. [Signature] 6-6-19	<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 said to contain <input type="checkbox"/> By Driver/Pieces	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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. [Signature] 6-6-19
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