


Date: 5/6/2019 6:14:00 PM

# Master Bill Of Lading

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<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000394471
Name:	E & E COMPANY LTD	
Address:	550 Northport Pkwy	
City/State/Zip:	Port Wentworth, GA 31407	
SID#:	FOB: <input type="checkbox"/>	

<b>SHIP TO</b>		<b>CARRIER NAME:</b> XPO LOGISTICS
Customer Code:	ROSSPET	<b>Trailer number:</b> 463302
Name:	Ross East Coast DC	<b>Seal number(s):</b> 2190349
Address:	206 Allen Rd.	
City/State/Zip:	Carlisle, PA 17013	<b>SCAC:</b> XPOC
SID#:	FOB: <input type="checkbox"/>	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		
Name:		
Address:		
City/State/Zip:		

<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms:</b>
Load #: 290890		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>
		<input checked="" type="checkbox"/> (check box) MASTER BILL OF LANDING: WITH ATTACHED UNDERLYING BILLS OF LANDING
Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	4:27 AM PM	6:14 AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		ADDITIONAL SHIPPER INFO BOL#	DC#
1882463	58	124.46	Y	N	06757166000394464	Carlisle
1882380	920	5990.93	Y	N	06757166000394457	Carlisle
<b>Grand Total</b>	<b>978</b>	<b>6115.39</b>				

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT LBS	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>	LTL ONLY		
QTY	TYPE	QTY	TYPE				NMFC #	CLASS	
27	Pallet			1350.00		Pallet		70	
		978	ctns	6115.39		Pillows,Valance,Towels	49390	100	
27				7465.39		<b>Grand Total</b>			

Where the rate is dependent on value, shippers are required to stated 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"/>
<b>Customer check acceptable:</b> <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.
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<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. <i>9/23 5-6-19</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 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. <i>[Signature] 5/6/19</i>
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Date: 5/6/2019 6:13:59 PM

## Bill Of Lading

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SHIP FROM		SHIP TO	
Name:	E & E COMPANY LTD	Name:	Ross East Coast DC
Address:	550 Northport Pkwy	Address:	206 Allen Rd.
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Carlisle, PA 17013
PHONE:	912-373-7778	CID#:	
VENDOR:		Dept:	
		FOB:	<input type="checkbox"/>
THIRD PARTY FREIGHT CHARGES BILL TO:			
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:	Freight Charge Terms: (freight charges are prepaid unless marked otherwise)		
Load #: 290890	Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: <input type="checkbox"/>		
Packing List is Attached	<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading Appointment Time: AM PM Actual Driver Arrival Time: AM PM Driver Departure Time: AM PM		

CUSTOMER ORDER INFORMATION								
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO			
1882380	920	5990.93	Y	N				
<b>Grand Total</b>	920	5990.93						
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
19	Pallet			950.00		Pallet		
		920	ctns	5990.93		Pillows,Valance,Towels	49390	100
19		920		6940.93		<b>Grand Total</b>		

Where the rate is dependent on value, shippers are required to stated 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

**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.

**Trailer Loaded:**

By Shipper

By Driver

**Freight Counted:**

By Shipper

By Driver/pallets said to contain

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.

