


<b>SHIP FROM</b>		Master Bill of Lading Number: 06757166000427858	
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> Southeast		CARRIER'S LIABILITY LTD TO MAX OF \$20,000/LB. TARIFFS NMF 100 & SEFL 1000.	
Name:	Belk 0737	DC#:	0737	 <b>SEFL 5484 7413-3</b>	
		Div.			
Address:	120 Belk Court 0737	Trailer number:	284443		
City/State/Zip:	Blythewood, SC 29016	Seal number(s):	2781821		
SID#:		SCAC:	SEFL	PHYSICAL PIECES	
		Pro Number:	548474133	PLTS HND	LPCS HND
				TPCS HND	BL PCS
				PHYSICAL SHIPPER (IF DIFFERENT FROM BL)	

<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		<b>Freight Charge Terms:</b>	
Name:		Prepaid:	<input type="checkbox"/>
Address:		Collect:	<input checked="" type="checkbox"/>
City/State/Zip:		3rd Party:	<input type="checkbox"/>
		<input checked="" type="checkbox"/> <b>MASTER BILL OF LADING: WITH ATTACHED</b>	

<b>SPECIAL INSTRUCTIONS:</b>	<b>UNDERLYING BILLS OF LADING</b>		
Load #: 2098672	Appointment Time	Actual Driver Arrival Time	Driver Departure Time
	AM PM	AM PM	AM PM

CUSTOMER ORDER INFORMATION						
CUSTOMER ORDER NUMBER	# PKGS CTN	WEIGHT LBS	PALLET/SLIP (CIRCLEONE)		BOL#	ADDITIONAL SHIPPER INFO DC# Supplier#
5658322	5	38.13	Y	N	06757166000427841	0737
5657852	34	268.37	Y	N	06757166000427834	0737
<b>Grand Total</b>	<b>39</b>	<b>306.50</b>				

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 NMFCA Item 208	NMFC #	CLASS
39	ctns	2	PLT	306.50		Throws, Blankets	49040	150
39		2		306.50		<b>Grand Total</b>		

\*Palletized For Carrier Convenience  
\*Pallet 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> 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.


<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>LC 7/10/19</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.
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Date: 7/10/2019 10:15:45 AM

## Bill Of Lading

Page 1 of 1

SHIP FROM		SHIP TO		THIRD PARTY FREIGHT CHARGES BILL TO			
Name:	E & E COMPANY LTD	Name:	Belk 0737	Name:			
Address:	550 Northport Pkwy	Address:	120 Belk Court	Address:			
City/State/Zip:	Port Wentworth, GA 31407	City/State/Zip:	Blythewood, SC 29016	City/State/Zip:			
SID#:		CID#:					
PHONE:		Dept:	0743				
VENDOR:	9200233	Location #:	0737				
	FOB: <input type="checkbox"/>		FOB: <input type="checkbox"/>				
Bill of Lading Number: 06757166000427841		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)					
		Prepaid: <input type="checkbox"/>		Collect: X			
(402)06757166000427841		3rd Party: <input type="checkbox"/>					
CARRIER NAME: Southeastern Freight		Master Bill of Lading... with attached					
Responsible Acct.No:		(check box) underlying Bills of Lading					
Trailer number: 284443		Appointment Time		Actual Driver Arrival Time			
Seal number(s): 2781921		AM		AM			
SCAC: SEFL		PM		PM			
Pro Number: 548474133		Driver Departure Time		AM			
		AM		PM			
		PM		PM			
CUSTOMER ORDER INFORMATION							
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO		
5658322	5	38.13	Y	N			
<b>Grand Total</b>	<b>5</b>	<b>38.13</b>					
CARRIER INFORMATION							
HANDLING UNIT	PACKAGE		WEIGHT	H.M. (X)	COMMODITY DESCRIPTION	PACKAGE	
QTY	TYPE	QTY	TYPE		<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(a) of NMFC Item 309</small>	NMFC #	CLASS
5	ctns			38.13	Throws, Blankets	49040	150
5				38.13	<b>Grand Total</b>		



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: <input type="checkbox"/> Prepaid: <input type="checkbox"/> Customer check acceptable: <input type="checkbox"/>
<b>NOTE Liability Limitation for loss or damage in this shipment may be applicable. See 49 U.S.C. 14706(c)(1)(A) and (B).</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 _____
<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.	Trailer Loaded: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver
Freight Counted: <input 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.