


PICK UP DATE	CUSTOMER	LD#	CARRIER	APPT TIME	ARRIVAL TIME	DEPT TIME	# HRS DET	COMMENTS
9/9/19	BELKS	4400560	TOTAL TRANSPORT	12:00 PM	11:24 AM	5:12 PM	3:12	PRODUCTION NOT COMPLETE WITH LOAD

Cancel date 9/12/19

<b>SHIP FROM</b>		Bill of Lading Number: 06757166000449683	
Name: E & E COMPANY LTD		 (402)06757166000449683	
Address: 550 Northport Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: RED CLASSIC TRANSIT	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 22476	
VENDOR: 9200233		Seal number(s): 2200650	
<b>SHIP TO</b>		SCAC: RCXB	
Name: Belk 0737		Pro Number:	
Address: 120 Belk Court			
City/State/Zip: Blythewood, SC 29016			
CID#:			
Dept: 0746			
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party:	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:		Appointment Time: 10:00 AM	
SPECIAL INSTRUCTIONS: Ship ID #2114436 4400568		Actual Driver Arrival Time: 8:30 PM	
		Driver Departure Time: 11:30 AM	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5642793	2824	12576.81	Y N	
5642791	601	2507.81	Y N	
5614852	466	4918.08	Y N	
<b>Grand Total</b>		3891	20002.70	

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
3334	ctns			17178.17		Pillows,Valance,Towels	49390	100
557	ctns			2824.53		Shower curtain	49385	77.5
<b>Grand Total</b>				20002.70				

<p>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 _____</p>	<p><b>COD Amount:</b> _____</p> <p><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/></p> <p style="text-align: center;">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. 14706(c)(1)(A) and (B).**

<p>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.</p>	<p>The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.</p>
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<p><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>Adg 9-13-19</i></p>	<p><b>Trailer Loaded:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver</p>	<p><b>Freight Counted:</b></p> <p><input checked="" type="checkbox"/> By Shipper  <input type="checkbox"/> By Driver/pallets said to contain  <input type="checkbox"/> By Driver/Pieces</p>	<p><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>Philips name 9/13/19</i></p>
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