

SHIP FROM
 Name: E & E COMPANY LTD - 056944
 Address: 550 Northport Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____ FOB:

Bill of Lading Number: 06757166000385523

 (402)06757166000385523

SHIP TO
 Name: SmallPackage Location #: SmallPackage
 Address: SmallPackage
 City/State/Zip: SmallPackage, NA SmallPackage
 CID#: _____ FOB:
 Dept: _____

CARRIER NAME: FedEx
 Responsible Acct.No: _____
 Trailer number: T956778
 Seal number(s): 0997627

SCAC: FDEG
Pro Number: _____

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name: Bed Bath & Beyond c/o
 Address: Berman Blake Associates
 PO Box 9202
 City/State/Zip: Old Bethpage, NY 11804-9002

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: **Collect:** X **3rd Party:** _____

SPECIAL INSTRUCTIONS:
 BB & B Vendor # : 056944

Master Bill of Lading: with attached underlying Bills of Lading
 Appointment Time AM Actual Driver Arrival Time AM Driver Departure Time AM

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
EC9V4HK	18	587.16	Y	N	
Grand Total	18	587.16			

CARRIER INFORMATION									
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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	
2	Pallet			100.00		Pallet	150390.4	70	
		18	ctns	587.16		Framed Goods	76580 Sub 5	125	
2		18		687.16		Grand Total			

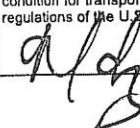
Where the rate is dependent on value, shippers are required to stated specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____.

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 / 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 U.S. DOT.
 4-15-19

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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.

 Shipper Signature

SHIP FROM		Bill of Lading Number: 06757166000385530
Name: E & E COMPANY LTD - 056944		 (402)06757166000385530
Address: 550 Northport Pkwy		
City/State/Zip: Port Wentworth, GA 31407		
SID#: _____	FOB: <input type="checkbox"/>	

SHIP TO		CARRIER NAME: FedEx
Name: Bed Bath & Beyond #0657	Location #: 0657	Responsible Acct.No:
Address: 860 John B Brooks Road		Trailer number: T956778
BBB0657		Seal number(s): 0997627
City/State/Zip: Pendergrass, GA 30567		SCAC: FDEG
CID#: _____	FOB: <input type="checkbox"/>	Pro Number:
Dept: _____		

THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: X 3rd Party: _____
Name: Bed Bath & Beyond c/o		
Address: Berman Blake Associates		
PO Box 9202		
City/State/Zip: Old Bethpage, NY 11804-9002		Master Bill of Lading: with attached underlying Bills of Lading

SPECIAL INSTRUCTIONS: BB & B Vendor # : 056944			<input type="checkbox"/> (check box)
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
EC9V4HK	22	717.64	Y N	
Grand Total	22	717.64		

CARRIER INFORMATION								
HANDLING UNIT		PACKAGE		WEIGHT	CUBE	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
2	Pallet			100.00		Pallet	150390.4	70
		22	ctns	717.64		Framed Goods	76580 Sub 5	125
2		22		817.64		Grand Total		

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: <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.
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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 U.S. DOT. <i>[Signature]</i> 4-15-19	Trailer Loaded: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input checked="" type="checkbox"/> By Shipper <input type="checkbox"/> By Driver/pallets said to contain <input type="checkbox"/> By Driver/Pieces
SHIPPER SIGNATURE		
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 U.S. DOT emergency response guidebook or equivalent documentation in the vehicle.		