


SHIP FROM		Bill of Lading Number: 06757166000458944	
Name: E & E COMPANY LTD		 (402)06757166000458944	
Address: 550 Northport Pkwy			
City/State/Zip: Port Wentworth, GA 31407			
SID#:			
PHONE:		CARRIER NAME: Schneider Transportation Management	
VENDOR: 9200233		Responsible Acct.No:	
SHIP TO		Trailer number: 140796	
Name: Belk 0744		Seal number(s): 2200684	
Address: 1018 Mendell Davis Drive		SCAC: SCNN	
City/State/Zip: Byram, MS 39272		Pro Number:	
CID#:			
Dept: 0747			
THIRD PARTY FREIGHT CHARGES BILL TO:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached	
City/State/Zip:		(check box) underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Ship ID #2126811 4407570		Appointment Time 15:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	Actual Driver Arrival Time 15:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM
		Driver Departure Time 17:00 <input checked="" type="checkbox"/> AM <input checked="" type="checkbox"/> PM	

CUSTOMER ORDER INFORMATION					
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
3609107	1768	7237.26	Y	N	
3592028	205	1708.56	Y	N	
Grand Total	1973	8945.82			

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(a) of NMFC Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
952	ctns			6009.84		Comforters, Bedspreads	49017	200
1021	ctns			2935.98		Pillows, Valance, Towels	49390	100
1973				8945.82		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"/>
---	--

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 property classified, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the DOT. AC 10-4-19	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
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. Tull G 10-4-19		