

Date: 11/7/2019 3:11:05 PM

Bill Of Lading

Page 1 of 2

SHIP FROM

Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 SID#: _____
 PHONE: _____
 VENDOR: 9200233 FOB:

Bill of Lading Number: 06757168000049030



(402)06757168000049030

SHIP TO

Name: Belk 0737 Location #: 0737
 Address: 120 Belk Court
 0737
 City/State/Zip: Blythewood, SC 29016
 CID#: _____
 Dept: 0743 FOB:

CARRIER NAME: JB Hunt Intermodal
 Responsible Acct.No: _____
 Trailer number: 2057
 Seal number(s): 2201937

SCAC: HJBI
 Pro Number: 0

THIRD PARTY FREIGHT CHARGES BILL TO:

Name: _____
 Address: _____
 City/State/Zip: _____

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)

Prepaid: Collect: **X** 3rd Party: _____

SPECIAL INSTRUCTIONS:
 Ship ID #2137201
 1 envelope containing manifest

Master Bill of Lading: with attached underlying Bills of Lading (check box)

Appointment Time	Actual Driver Arrival Time	Driver Departure Time
11/6/19 ^{AM}	11/6/19 ^{AM}	11/7/19 ^{AM}
11:30 ^{PM}	12:30 ^{PM}	2:00 ^{PM}

SCANNED

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5700395	59	453.81	Y N	
5700499	656	6936.44	Y N	
5700505	8	58.76	Y N	
5700506	2	14.10	Y N	
5700868	32	241.26	Y N	
5701049	256	2837.86	Y N	
5701053	27	190.35	Y N	
Grand Total	1040	10732.58		

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
949	ctns			10037.51		Pillows,Valance,Towels	49390	100
91	ctns			695.07		Throws,Blankets	49040	150

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 DOT.
[Signature] 11/7/19

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 DOT emergency response guidebook or equivalent documentation in the vehicle.
[Signature]

Date: 11/7/2019 3:11:05 PM

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