


C B 19033916

Date: 8/30/2019 3:25:15 PM

Bill Of Lading

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| | | | |
|---|--------------------------|--|-----------------------------------|
| SHIP FROM | | Bill of Lading Number: 06757166000450917 | |
| Name: | E & E COMPANY LTD |  (402)06757166000450917 | |
| Address: | 550 Northport Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| SID#: | | | |
| PHONE: | | CARRIER NAME: Schneider Transportation Management | |
| VENDOR: | 9200233 | FOB: <input type="checkbox"/> | Responsible Acct.No: |
| SHIP TO | | Trailer number: 160621 | |
| Name: | Belk 0744 | Location #: | 0744 |
| Address: | 1018 Mendell Davis Drive | Seal number(s): 2200579 | |
| | 0744 | SCAC: SCNN | |
| City/State/Zip: | Byram, MS 39272 | Pro Number: | |
| CID#: | | | |
| Dept: | 0769 | FOB: <input type="checkbox"/> | |
| THIRD PARTY FREIGHT CHARGES BILL TO: | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: | |
| Address: | | Master Bill of Lading: with attached underlying Bills of Lading | |
| City/State/Zip: | | (check box) | |
| SPECIAL INSTRUCTIONS: Ship ID #2115367 401133 | | Appointment Time | Actual Driver Arrival Time |
| | | 12:00 ^{AM} _{PM} | 12:00 ^{AM} _{PM} |
| | | | Driver Departure Time |
| | | | 3:25 ^{AM} _{PM} |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|------------|-----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3632010 | 281 | 3467.54 | Y N | |
| 3632020 | 233 | 1540.13 | Y N | |
| 3632009 | 438 | 5164.02 | Y N | |
| Grand Total | 952 | 10171.69 | | |

| 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 |
| 952 | ctns | | | 10171.69 | | Throws, Blankets | 49040 | 150 |
| 952 | | | | 10171.69 | | Grand Total | | |

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: 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

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.

Handwritten signature 8-30-19

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.

Handwritten signature 8-30-19