


SHIP FROM		Bill of Lading Number: 06757168000058339	
Name: E & E COMPANY LTD		 (402)06757168000058339	
Address: 311 International Trade Pkwy			
City/State/Zip: Port Wentworth, GA 31407		CARRIER NAME: JB Hunt Intermodal	
SID#:		Responsible Acct.No:	
PHONE:		Trailer number: 1487	
VENDOR: 9200233	FOB: <input type="checkbox"/>	Seal number(s): 0	
SHIP TO		SCAC: HJBI	
Name: Belk 0737	Location #: 0737	Pro Number: 0	
Address: 120 Belk Court			
City/State/Zip: Blythewood, SC 29016			
CID#:			
Dept: 0743	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: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/>	
Address:		<input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading	
City/State/Zip:			
SPECIAL INSTRUCTIONS: Ship ID #2143692 1 envelope containing manifest SID 4416540		Appointment Time 2:00 PM	Actual Driver Arrival Time 3:15 PM
		Driver Departure Time 4:03 PM	

CUSTOMER ORDER INFORMATION

CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP		ADDITIONAL SHIPPER INFO
5706664	212	1578.82	Y	N	
5706908	323	3282.53	Y	N	
5706911	8	70.56	Y	N	
5706912	1	9.92	Y	N	
5707379	39	358.82	Y	N	
5707382	9	63.45	Y	N	
Grand Total		592	5364.10		

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
379	ctns			3775.36		Pillows,Valance,Towels	49390	100
1	ctns			9.92		Rugs	70970-5	125
212	ctns			1578.82		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

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.

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]