
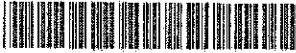


CB2000/44

SAMPLE FOB ORIGIN TL<L BILL OF LADING

NOT A NEXCOM BILL OF LADING FORM

SHIP FROM		Bill of Lading Number: 06757166000462668	
Name:	E & E COMPANY LTD	 (402)06757166000462668	
Address:	550 Northport Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SHIP TO		CARRIER NAME: YRC	
Name:	Nexcom DC # 985	Location #:	985
Address:	Wc Furniture Dist Ct	Responsible Acct.No:	
	401 West 8Th Street, 985	Trailer number: 53979	
City/State/Zip:	National City, CA 92136	Seal number(s):	
THIRD PARTY FREIGHT CHARGES BILL TO:		YRC FREIGHT SHIPMENT STATUS, CALL 1-800-610-6500 08/29/17 735-338497-6 YRC Pro Number: 735 SHIPPER BOL 589 	
Name:			
Address:			
City/State/Zip:			
SPECIAL INSTRUCTIONS:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input type="checkbox"/> Collect: <input checked="" type="checkbox"/> 3rd Party: <input type="checkbox"/> <input type="checkbox"/> Master Bill of Lading with attached underlying Bills of Lading	
Bill to NEXCOM Transportation Office: 3280 Va. Beach Blvd., Virginia Beach, VA 23462-6724. U.S. GOVERNMENT. TENDER NUMBER _____ APPLIES. 1515181 Call In # 0206034361644W244985		YRC Freight tariffs are incorporated herein (copies available upon request). YRC Freight tariffs limit its liability. This shipment is subject to the terms and conditions of the Uniform Straight Bill of Lading as stated in the NMFC 100 series tariff.	

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
0034361544	123	1088.25	Y N	
Grand Total	123	1088.25		

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 368</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
A	Pallet			200.00		Pallet		
		123	ctns	1088.25		Comforters, Bedspreads	49017	200
AN		123		1288.25		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: <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.
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. AC 10-24-19	SHIPPER SIGNATURE 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.