


SHIP FROM		Bill of Lading Number: 06757168000039895	
Name:	E & E COMPANY LTD	 (402)06757168000039895	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SID#:			
PHONE:			
VENDOR:	9200233	FOB:	<input type="checkbox"/>
SHIP TO		CARRIER NAME: Southeastern Freight	
Name:	Belk 0744	Location #:	0744
Address:	1018 Mendell Davis Drive	Trailer number:	283956
City/State/Zip:	Byram, MS 39272	Seal number(s):	
CID#:		SCAC:	SEFL
Dept:	0745	Pro Number:	58848838
THIRD PARTY FREIGHT CHARGES BILL TO:		THANK YOU FOR SHIPPING SOUTHEASTERN FREIGHT LINES <small>To Your Pro www.SEFL.com</small> CARRIER'S LIABILITY SHALL BE LIMITED TO A MAXIMUM OF \$20.00 PER LB. THIS SHIPMENT IS SUBJECT EXCLUSIVELY TO THE UNIFORM B/L, THE RELEASED VALUES AND OTHER PROVISIONS OF NMF 100 & SEFL 1000 SERIES TARIFFS. 58848838-1	
Name:		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Address:		Prepaid:	Collect: X 3rd Party:
City/State/Zip:		<input type="checkbox"/>	Master Bill of Lading: with attached underlying Bills of Lading
SPECIAL INSTRUCTIONS: Ship ID #2130463 4409589		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	PM

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5693326	229	2431.01	Y N	* Palletized For Carrier Convenience * Pallet Weight = 200 lbs
5693329	1	7.05	Y N	
5693447	81	866.59	Y N	
Grand Total	311	3304.65		

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 NMF from 300</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
230	ctns	4	PLT	2438.06		Pillows, Valance, Towels	49390	100
81	ctns			866.59		Throws, Blankets	49040	150
311		4		3304.65		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"/>
---	---

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. <i>LC 10/22/19</i>	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. <i>DW 10-23-19</i>
--	---	---	---

