


Date: 1/3/2020 1:47:09 PM

# Bill Of Lading

Page 1 of 1

<b>SHIP FROM</b>		Bill of Lading Number: 06757168000079433	
Name:	E & E COMPANY LTD	 (402)06757168000079433	
Address:	311 International Trade Pkwy		
City/State/Zip:	Port Wentworth, GA 31407		
SI#: PHONE:			
VENDOR:	9200233	FOB: <input type="checkbox"/>	CARRIER NAME: Southeastern Freight
<b>SHIP TO</b>		Trailer number: 287483	
Name:	Belk 0744	Location #:	0744
Address:	1018 Mendell Davis Drive	Seal number(s):	0
City/State/Zip:	Byram, MS 39272	SCAC:	SEFL
CID#:		Pro Number:	548449970
Dept:	0743	FOB: <input type="checkbox"/>	
<b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
Name:		Prepaid:	Collect: X      3rd Party:
Address:		<input type="checkbox"/> Master Bill of Lading with attached (check box) underlying Bills of Lading	
City/State/Zip:		Appointment Time	Actual Driver Arrival Time      Driver Departure Time
SPECIAL INSTRUCTIONS:		AM	AM      AM
Ship ID #2151539		PM	PM      PM
1 envelope containing manifest			

THANK YOU FOR SHIPPING  
**SOUTHEASTERN FREIGHT LINES**  
To Trace Pro www.SEFL.com  
 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.  
 ORIGIN **54844997-0**

CUSTOMER ORDER INFORMATION				
CUSTOMER ORDER NUMBER	# PKGS	WEIGHT	PALLET/SLIP	ADDITIONAL SHIPPER INFO
5717665	106	1272.74	Y    N	
<b>Grand Total</b>	<b>106</b>	<b>1272.74</b>		

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 Item 380</small>	PACKAGE	
QTY	TYPE	QTY	TYPE				NMFC #	CLASS
106	ctns			1272.74		Throws, Blankets	49040	150
106				1272.74		<b>Grand Total</b>		

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 _____	<b>COD Amount:</b> _____ 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.
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<b>SHIPPER SIGNATURE / DATE</b> 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 1/3/20</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	<b>CARRIER SIGNATURE / PICKUP DATE</b> 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>Ryan Belk 1/3/20</i>
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