


CP2001414

Date: 10/4/2019 9:13:03 AM

Bill Of Lading

Page 1 of 1

| | | | |
|--|---|--|--------------------------|
| SHIP FROM | | Bill of Lading Number: 06757166000458708 | |
| Name: | E & E COMPANY LTD |  (402)06757166000458708 | |
| Address: | 550 Northport Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| SID#: | | | |
| PHONE: | | | |
| VENDOR: | 9200233 | FOB: | <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: RED CLASSIC TRANSIT | |
| Name: | Belk 0737 | Location #: | 0737 |
| Address: | 120 Belk Court | Responsible Acct.No: | |
| City/State/Zip: | Blythewood, SC 29016 | Trailer number: 21057 | |
| CID#: | | Seal number(s): 2781331 | |
| Dept: | 0745 | SCAC: RCXB | |
| | | Pro Number: | |
| THIRD PARTY FREIGHT CHARGES BILL TO | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: | Prepaid: <input type="checkbox"/> Collect: X 3rd Party: <input type="checkbox"/> Master Bill of Lading: with attached underlying Bills of Lading (check box) | | |
| Ship ID #2126783 | Appointment Time: 8:00 AM | | |
| 1 envelope containing manifest | Actual Driver Arrival Time: 9:05 AM | | |
| | Driver Departure Time: 10:00 AM | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|-------------|-----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
| 3594772 | 86 | 984.90 | Y N | |
| 3592042 | 210 | 1749.20 | Y N | |
| 3609107 | 1575 | 6390.09 | Y N | |
| 3592028 | 295 | 2457.98 | Y N | |
| Grand Total | 2166 | 11582.17 | | |

| 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 |
| 836 | ctns | | | 5280.84 | | Comforters, Bedspreads | 49017 | 200 |
| 1330 | ctns | | | 6301.33 | | Pillows, Valance, Towels | 49390 | 100 |
| 2166 | | | | 11582.17 | | Grand Total | | |

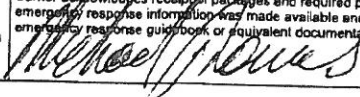
Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property as follows:
 *The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____

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 / 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. AC 10-4-19 | 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.  |
| | Shipper Signature | | |

#2466781

Date: 10/4/2019 9:13:03 AM

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| Name: | E & E COMPANY LTD |  (402)06757166000458708 | |
| Address: | 550 Northport Pkwy | | |
| City/State/Zip: | Port Wentworth, GA 31407 | | |
| SID#: | | | |
| PHONE: | | | |
| VENDOR: | 9200233 | FOB: | <input type="checkbox"/> |
| SHIP TO | | CARRIER NAME: RED CLASSIC TRANSIT | |
| Name: | Belk 0737 | Location #: | 0737 |
| Address: | 120 Belk Court | Trailer number: | 21057 |
| City/State/Zip: | Blythewood, SC 29016 | Seal number(s): | 2781331 |
| CID#: | | SCAC: | RCXB |
| Dept: | 0745 | Pro Number: | 2466781 |
| THIRD PARTY FREIGHT CHARGES BILL TO | | Freight Charge Terms: (freight charges are prepaid unless marked otherwise) | |
| Name: | | | |
| Address: | | | |
| City/State/Zip: | | | |
| SPECIAL INSTRUCTIONS: | 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 Appointment Time: AM Actual Driver Arrival Time: AM Driver Departure Time: AM PM PM PM | | |
| Ship ID #2126783 1 envelope containing manifest | | | |

| CUSTOMER ORDER INFORMATION | | | | |
|----------------------------|-------------|-----------------|-------------|-------------------------|
| CUSTOMER ORDER NUMBER | # PKGS | WEIGHT | PALLET/SLIP | ADDITIONAL SHIPPER INFO |
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| 3592042 | 210 | 1749.20 | Y N | |
| 3609107 | 1575 | 6390.09 | Y N | |
| 3592028 | 295 | 2457.98 | Y N | |
| Grand Total | 2166 | 11582.17 | | |

| 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 350.</small> | PACKAGE | |
| QTY | TYPE | QTY | TYPE | | | | NMFC # | CLASS |
| 836 | ctns | | | 5280.84 | | Comforters, Bedspreads | 49017 | 200 |
| 1330 | ctns | | | 6301.33 | | Pillows, Valance, Towels | 49390 | 100 |
| 2166 | | | | 11582.17 | | Red Classic Grand Total | | |

21057
2781331
10-04-19
1315
Jem Johnson

| | |
|--|--|
| 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.

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| SHIPPER SIGNATURE / DATE <small>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.</small> AC 10-4-19 | 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 <small>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.</small> |
|---|--|--|--|