


Date: 11/7/2025 2:18:16 PM

# Bill Of Lading

| <b>SHIP FROM</b>   |                            | Bill of Lading Number: 06757166001117918   |  |                  |                            |                       |    |    |    |    |    |    |
|--|----------------------------|--|--|------------------|----------------------------|-----------------------|----|----|----|----|----|----|
| Name: E & E COMPANY LTD<br>Address: 550 Northport Parkway<br>City/State/Zip: Port Wentworth, GA 31407<br>PHONE:<br>VENDOR: 1987  |                            | <br>(402)06757166001117918   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>SHIP TO</b>   |                            | <b>CARRIER NAME:</b> RYDER INTEGRATED LOGISTICS  |  |                  |                            |                       |    |    |    |    |    |    |
| Name: Wayfair-Port Wentworth Fulfillment<br>Address: 310 International Trade Pkwy<br>City/State/Zip: Port Wentworth, GA 31407<br>CID#: <span style="float: right;">FOB: <input type="checkbox"/></span><br>Dept: |                            | Responsible Acct.No:<br>Trailer number: 354553<br>Seal number(s):<br><b>SCAC:</b> RYDD<br><b>Pro Number:</b>   |  |                  |                            |                       |    |    |    |    |    |    |
| <b>THIRD PARTY FREIGHT CHARGES BILL TO:</b>  |                            | <b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>   |  |                  |                            |                       |    |    |    |    |    |    |
| Name:<br>Address:<br>City/State/Zip:   |                            | Prepaid: <input type="checkbox"/> Collect: <b>X</b> 3rd Party: <input type="checkbox"/><br>(check box)      Master Bill of Lading: with attached underlying Bills of Lading  |  |                  |                            |                       |    |    |    |    |    |    |
| <b>SPECIAL INSTRUCTIONS:</b><br>For all dispositions, please contact freight@wayfair.com or call (617)532-6106 for assistance.<br>Packing List is Attached   |                            | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width: 33%;">Appointment Time</th> <th style="width: 33%;">Actual Driver Arrival Time</th> <th style="width: 33%;">Driver Departure Time</th> </tr> <tr> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> <td style="text-align: center;">AM</td> </tr> <tr> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> <td style="text-align: center;">PM</td> </tr> </table> |  | Appointment Time | Actual Driver Arrival Time | Driver Departure Time | AM | AM | AM | PM | PM | PM |
| Appointment Time   | Actual Driver Arrival Time | Driver Departure Time  |  |                  |                            |                       |    |    |    |    |    |    |
| AM   | AM                         | AM   |  |                  |                            |                       |    |    |    |    |    |    |
| PM   | PM                         | PM   |  |                  |                            |                       |    |    |    |    |    |    |

| CUSTOMER ORDER INFORMATION |        |         |             |   |                         |
|----------------------------|--------|---------|-------------|---|-------------------------|
| CUSTOMER ORDER NUMBER      | # PKGS | WEIGHT  | PALLET/SLIP |   | ADDITIONAL SHIPPER INFO |
| CS616441596                | 259    | 1922.07 | Y           | N |                         |
| <b>Grand Total</b>         | 259    | 1922.07 |             |   |                         |

| CARRIER INFORMATION |        |         |      |         |          |  |         |       |
|---------------------|--------|---------|------|---------|----------|--|---------|-------|
| HANDLING UNIT       |        | PACKAGE |      | WEIGHT  | H.M. (X) | COMMODITY DESCRIPTION<br><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 |
| 3                   | Pallet |         |      | 150.00  |          | Pallet   |         |       |
|                     |        | 259     | ctns | 1922.07 |          | Mattress Pads  | 149265  | 100   |
| 3                   |        | 259     |      | 2072.07 |          | <b>Grand Total</b>   |         |       |

|   |  |
|---|--|
| 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:<br>*The agreed or declared value of the property is specifically stated by the shipper to be not exceeding _____ per _____ | <b>COD Amount:</b> _____<br><b>Fee Terms:</b> Collect: <input type="checkbox"/> Prepaid: <input type="checkbox"/><br>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).**

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| 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.<br><div style="text-align: right;"><i>[Signature]</i><br/><b>Shipper Signature</b></div> |
|--|--|

|   |  |  |   |
|---|--|--|---|
| <b>SHIPPER SIGNATURE / DATE</b><br>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.<br><i>Dashay Cooper 11/07/25</i> | <b>Trailer Loaded:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver | <b>Freight Counted:</b><br><input checked="" type="checkbox"/> By Shipper<br><input type="checkbox"/> By Driver/pallets said to contain<br><input type="checkbox"/> By Driver/Pieces | <b>CARRIER SIGNATURE / PICKUP DATE</b><br>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.<br><div style="text-align: right;"><i>[Signature]</i></div> |
|---|--|--|---|