

SHIP FROM
 Name: E & E COMPANY LTD
 Address: 311 International Trade Pkwy
 City/State/Zip: Port Wentworth, GA 31407
 PHONE:
 VENDOR:

Bill of Lading Number: 06757168001673883

 (402)06757168001673883

SHIP TO
 Name: LETITIA LUNA-WURSTER
 Address: 340 FORT WASHINGTON AVE
 City/State/Zip: HAWTHORNE, NY 10532
 CID#: FOB:
 Dept:

CARRIER NAME: Estes
 Responsible Acct.No:
 Trailer number: 516328
 Seal number(s):

SCAC: EXLA
Pro Number: 0408620458

THIRD PARTY FREIGHT CHARGES BILL TO:
 Name:
 Address:
 City/State/Zip:

Freight Charge Terms: (freight charges are prepaid unless marked otherwise)
Prepaid: X Collect: 3rd Party:

SPECIAL INSTRUCTIONS:
 Load #: 546129007

Master Bill of Lading: with attached underlying Bills of Lading

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
CS0000103240	1	48.40	Y N	
Grand Total	1	48.40		

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
1	ctns			48.40		Furniture Sub 3 - 2 but less than 4 per cubic foot	79300-3	250
1				48.40		Grand Total		

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:
 *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

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.

Trailer Loaded: By Shipper By Driver
Freight Counted: By Shipper By Driver/pallets said to contain 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.

Shipment Manifest (800167388)

BOL #:	06757168001673883	Customer:	CUSTSERV	Ship To:	LETITIA LUNA-WURSTER
Carrier:	Estes	Ship Date:	03/06/2026	Load Number:	546129007
Trailer Number:	516328	Pro Number:	0408620458	Seal Number:	
Total Cartons/Units:	1/1	Total Cube:	16.00	Total Weight(LB):	48.40
Ship From:	E & E COMPANY LTD 311 International Trade Pkwy Port Wentworth, GA 31407	Ship To:	LETITIA LUNA-WURSTER 340 FORT WASHINGTON AVE HAWTHORNE, NY 10532		

<u>Customer</u> <u>PO No.</u>	<u>E&E</u> <u>SO No.</u>	<u>Mark for</u> <u>Store</u>	<u>Item No.</u>	<u>Item Info.</u>	<u>Qty To</u> <u>Ship</u>	<u>Case</u> <u>Pack Qty</u>	<u>Total</u> <u>Cartons</u>	<u>Carton</u> <u>Weight</u> <u>(LB)</u>	<u>Total</u> <u>Weight</u> <u>(LB)</u>	<u>Carton</u> <u>Cube</u>	<u>Total</u> <u>Cube</u>
CS000010324 0	76331713		MT100- 0001	086569228956 10219923 Decker Accent Chair	1	1	1	48.40	48.40	16.00	16.00