


<b>SHIP FROM</b>		<b>Bill of Lading Number:</b> 06757161279313321	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757161279313321	
<b>SHIP TO</b>		<b>CARRIER NAME:</b> UPS	
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____ FOB: <input type="checkbox"/>		Responsible Acct.No: 006E54 Trailer number: _____ Seal number(s): _____ <b>SCAC:</b> UPSG <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: _____ Address: _____ City/State/Zip: _____		Prepaid: <input checked="" type="checkbox"/> Collect: _____      3rd Party: _____ <input type="checkbox"/> Master Bill of Lading: with attached (check box)      underlying Bills of Lading	
SPECIAL INSTRUCTIONS: Customer PO/Ref No: _____		Appointment Time AM PM	Actual Driver Arrival Time AM PM
		Driver Departure Time AM PM	

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
4	ctns			7.63		Bath Accessories	49470	100
147	ctns			704.50		Bath Towel, Beach Towel	49390 Sub 4	175
613	ctns			6544.38		Comforters, Bedspreads	49017	200
53	ctns			350.89		Mattress Pads	149265	100
161	ctns			751.96		Panels, Valances	49390 Sub 4	175
1	ctns			4.63		Pet Accessories or Furniture	2071	300
62	ctns			196.28		Pillows, Cushions	149269	250
25	ctns			179.18		Rugs	70970-5	125
205	ctns			978.94		Sheet Set & Pillowcase	49390 Sub 4	175
70	ctns			129.58		Shower curtain	49385	77.5
410	ctns			2680.28		Throws,Blankets	49040	150

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 \_\_\_\_\_

<b>COD Amount:</b> _____
<b>Fee Terms:</b> <b>Collect:</b> <input type="checkbox"/> <b>Prepaid:</b> <input type="checkbox"/>
<b>Customer check acceptable:</b> <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**

<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.	<b>Trailer Loaded:</b> <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	<b>Freight Counted:</b> <input 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.
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<b>SPECIAL INSTRUCTIONS:</b>		<b>Freight Charge Terms: (freight charges are prepaid unless marked otherwise)</b>	
Customer PO/Ref No: _____		Prepaid: <input checked="" type="checkbox"/> Collect: _____      3rd Party: _____ <input type="checkbox"/> (check box)      Master Bill of Lading: with attached underlying Bills of Lading	
1751    _____    _____    12528.25    _____		Appointment Time      Actual Driver Arrival Time      Driver Departure Time AM                                  AM                                  AM PM                                  PM                                  PM	
		<b>Grand Total</b>	

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