


SHIP FROM		Bill of Lading Number: 06757161288640791	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: PHONE: VENDOR: _____ FOB: <input type="checkbox"/>		 (402)06757161288640791	
SHIP TO		CARRIER NAME:	
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____ FOB: <input type="checkbox"/>		Responsible Acct.No: Trailer number: Seal number(s):	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: UPSG Pro Number:	
Name: TASIA TAXIS Address: _____ City/State/Zip: _____		Freight Charge Terms: (freight charges are prepaid unless marked otherwise)	
SPECIAL INSTRUCTIONS: Customer PO/Ref No: _____		Prepaid: <input type="checkbox"/> Collect: <input type="checkbox"/> 3rd Party: X (check box) Master Bill of Lading: with attached underlying Bills of Lading	
		Appointment Time	Actual Driver Arrival Time
		AM	AM
		PM	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
20	ctns			97.33		Bath Towel, Beach Towel	49390 Sub 4	175
101	ctns			1174.27		Comforters, Bedspreads	49017	200
4	ctns			20.17		Mattress Pads	149265	100
90	ctns			454.32		Panels, Valances	49390 Sub 4	175
1	ctns			11.69		Pet Accessories or Furniture	2071	300
13	ctns			38.78		Pillows, Cushions	149269	250
15	ctns			110.50		Rugs	70970-5	125
46	ctns			205.86		Sheet Set & Pillowcase	49390 Sub 4	175
26	ctns			35.03		Shower curtain	49385	77.5
30	ctns			146.59		Throws, Blankets	49040	150
346				2294.54		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: <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.
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: <input type="checkbox"/> By Shipper <input type="checkbox"/> By Driver	Freight Counted: <input 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.
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