


SHIP FROM		Bill of Lading Number: 06757161341695843	
Name: E & E COMPANY LTD Address: 550 Northport Pkwy City/State/Zip: Port Wentworth, GA 31407 SID#: _____ PHONE: _____ VENDOR: _____		 (402)06757161341695843	
SHIP TO		CARRIER NAME: UPS	
Name: _____ Location #: _____ Address: _____ City/State/Zip: _____ CID#: _____ Dept: _____		Responsible Acct.No: 006E54 Trailer number: _____ Seal number(s): _____	
THIRD PARTY FREIGHT CHARGES BILL TO:		SCAC: UPSG	
Name: _____ Address: _____ City/State/Zip: _____		Pro Number: _____	
SPECIAL INSTRUCTIONS: Customer PO/Ref No: 823217801		Freight Charge Terms: (freight charges are prepaid unless marked otherwise) Prepaid: <input checked="" type="checkbox"/> Collect: _____ 3rd Party: _____ <input type="checkbox"/> (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
7	ctns			29.09		Bath Accessories	49470	100
102	ctns			511.41		Bath Towel, Beach Towel	49260 Sub 4	175
660	ctns			6866.28		Comforters, Bedspreads	49017	200
36	ctns			185.90		Mattress Pads	149265	100
9	ctns			57.40		Panels, Valances	49260 Sub 4	175
181	ctns			534.65		Pillows, Cushions	149269	250
3	ctns			25.63		Rugs	70970-5	125
528	ctns			2556.59		Sheet Set & Pillowcase	49260 Sub 3	250
7	ctns			7.13		Shower curtain	49385	77.5
577	ctns			2946.96		Throws,Blankets	49040	150
2110				13721.04		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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